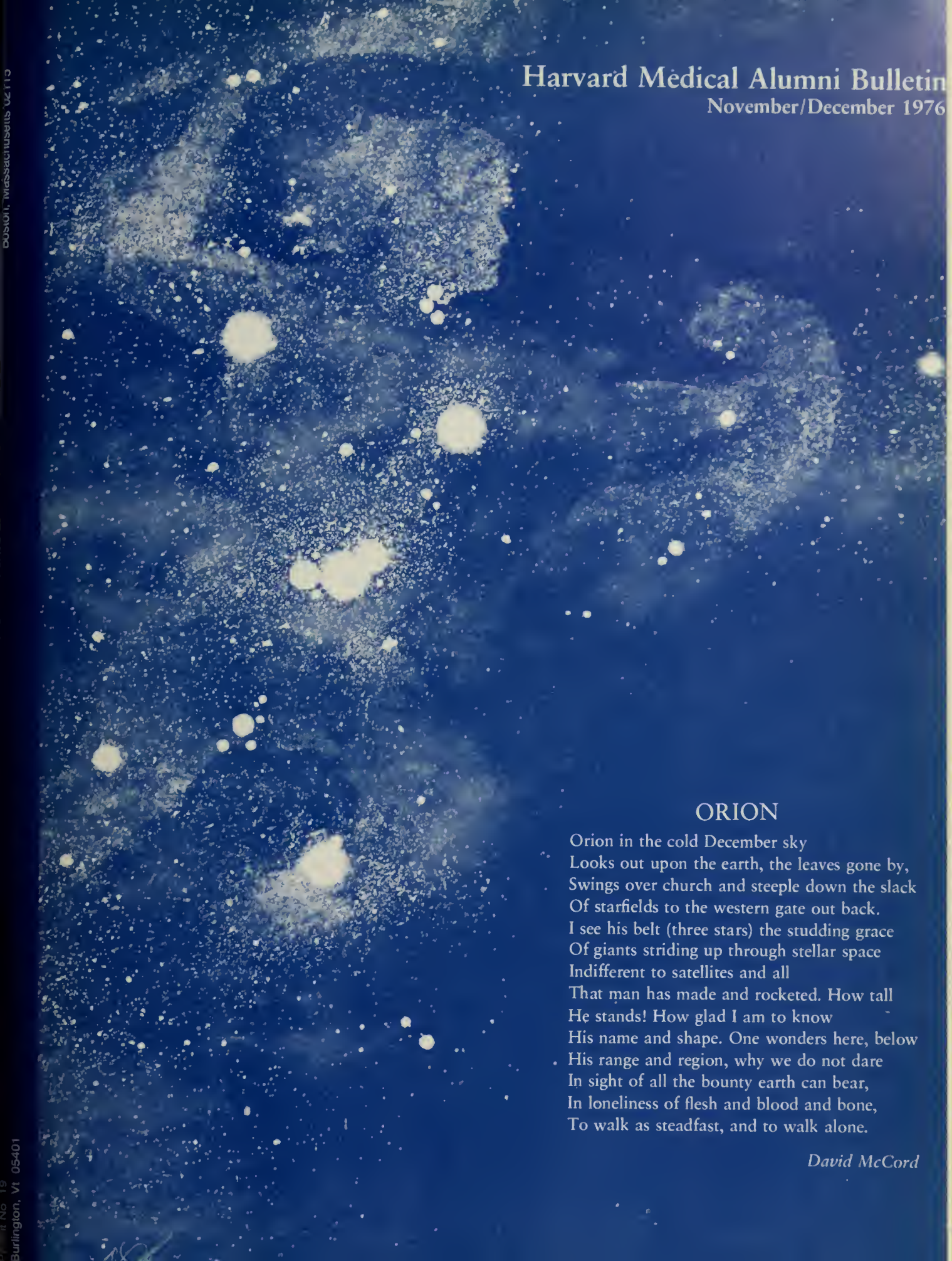
Harvard Medical Alumni Bulletin
November/December 1976



ORION

Orion in the cold December sky
Looks out upon the earth, the leaves gone by,
Swings over church and steeple down the slack
Of starfields to the western gate out back.
I see his belt (three stars) the studding grace
Of giants striding up through stellar space
Indifferent to satellites and all
That man has made and rocketed. How tall
He stands! How glad I am to know
His name and shape. One wonders here, below
His range and region, why we do not dare
In sight of all the bounty earth can bear,
In loneliness of flesh and blood and bone,
To walk as steadfast, and to walk alone.

David McCord

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Overview

Daniel C. Tosteson '49 chosen new dean

At the eleventh hour, as the *Bulletin* was going to press on November 18, the news reached us: after eight months of searching and deliberation, a new Medical School dean has been appointed by President Derek Bok.

Daniel C. Tosteson '49, alumnus, leader in medical education, and an authority in the field of membrane physiology, will succeed Dr. Robert H. Ebert as dean of the faculty of medicine on July 1, 1977. Dr. Tosteson will be coming to Harvard from the University of Chicago, where since 1975 he has been dean of the Division of Biological Sciences and of the Pritzker School of Medicine, vice president for the Medical Center, and Lowell T. Coggeshall Professor of Medical Sciences in the department of pharmacological and physiological sciences. His responsibilities there have encompassed the operations of the various hospitals and clinics affiliated with the University of Chicago.

In announcing the appointment, President Bok said, "Dr. Tosteson has a very genuine and long-standing interest in the broad range of issues that will confront the Medical School in the next decade, and I am delighted that he has agreed to come to Harvard. Because of the breadth of his experience with biomedical research, clinical medicine, and national health-care needs, Dr. Tosteson was my first choice for an appointment which I regard as one of the most important I will make as President."

Prior to his present position, Dr. Tosteson spent fourteen years at the Duke University School of Medicine as professor and chairman of the department of physiology and pharmacology, and since 1971 as the James B. Duke Distinguished Professor. Dr. Tosteson was active in curricular reform at Duke and helped to develop a combined M.D.-Ph.D. program, one of the first to receive NIH funding. At Duke, his research and publications focused on the cellular functions and molecular mechanism of ion transport across biological membranes.

In the areas of national health-care policy and medical education, the dean-to-be has had extensive experience. He is a member of the Institute of Medicine and the National Academy of Sciences (NAS), and in 1973-74 served as both chairman of the Association of American Medical Colleges and president of the American Physiological Society. He has served as a consultant to the Scientific Review Committee of the NIH, and is currently a consultant to the Office of Technology Assessment and a member of the Health Policy Board of the Institute of Medicine-Johnson Foundation and of the NAS Board on International Scientific Exchange.

Originally from Milwaukee, Dr. Tosteson was born in 1925 and attended Harvard College from 1942 to 1944. After serving as a fellow in the HMS physiology department and receiving his M.D. in 1949, he went to the Presbyterian Hospital in New York for postgraduate training. Subsequently, he held research fellowships at the Brookhaven National Laboratories, the National Heart Institute, the Biological Isotope Research Laboratory at the University of Copenhagen, Denmark, and at the Physiological Laboratory at Cambridge University, England.

Dr. Tosteson's appointment culminates an extensive search involving consideration of several hundred candidates within and without the University, and input from a specially-appointed advisory committee, from experts in the field, and from the entire Harvard Medical community, including HMS alumni/ae. Alumni Council President Alexander H. Bill '39 said, "I am gratified that this is a man with a Harvard M.D., who knows the conditions of the school and can continue the humanistic traditions as well as the scientific traditions as appropriate to changing times."

Ebert honored at HCHP dedication

On October 3, the Harvard Community Health Plan's Cambridge Center, open since January of 1975, was dedicated to Dean Robert H. Ebert for his leadership as founder and organizer of the Harvard Plan. The Dean served as the plan's first president from 1968 to 1974, and since then as board chairman. At the ceremonies, HCHP president Robert L. Biblo noted that the Harvard Plan, which opened the doors of its original Boston center in 1969, is "the first medical school-sponsored prepaid medical plan in the United States."

The dedication was attended by hundreds of community leaders including representatives of labor unions, foundations and business organizations that had helped support the center's creation. "It is precisely this kind of involvement that is needed across this land," commented keynote speaker John T. Dunlop, Harvard's Lamont University Professor and former US Secretary of Labor. "In the last decade," he said, "our national income has doubled; our expenses for medical care have tripled. It is this simple fact that brings us specifically to the concern about the delivery of medical care. This building and this organization . . . is an essential type of building block to any kind of national health care system for our country. If we are to nationalize medical care in our country, provide it more effectively, in more economic terms, we must develop many more such building blocks."

Dr. Ebert is congratulated by Professor John T. Dunlop (l)

Still the only health maintenance organization or pre-paid group practice in Boston, HCHP now has sixty thousand members in fifty-eight Massachusetts cities and towns, representing a socioeconomic mix of the area's population. Membership is available to employees of eighteen hundred metropolitan Boston organizations. With the revenue derived from member and employee premiums, the Harvard Plan is financially self-sufficient; federal grants support special programs for people of low income, including an outreach center in the Mission Hill section of Boston.

Alumni power at work

This is a summary of the more important items considered at the fall meeting of the Harvard Medical Alumni Council on Friday and Saturday, October 8 and 9, 1976. President Alexander H. Bill '39 introduced newly elected officers and members: Thomas B. Quigley '33, president-elect; Fiorindo A. Simeone '34, treasurer; and councillors, Frank K. Austen '54, Grant V. Rodkey '43A, Nina Tolkoff-Rubin '68, as well as the representative to the Associated Harvard Alumni, Curtis Prout '41. Unable to attend this meeting were councillors Catherine A. Wilfert '62 and John P. Dixon '62.

Dean Robert H. Ebert and Associate Deans Beverly Bennett, Robert S. Blacklow, Henry Meadow, Richard Olendzki and Alvin Poussaint, as well as Assistant Dean James Pates and Director of Development Samuel Lewis were present as guests for most of the morning and early afternoon sessions.

Dr. William H. Cochran '52, chairman of the Alumni Survey Committee, presented a report on the Introduction to Clinical Medicine course, which will be published in a subsequent issue of the *Alumni Bulletin*. Dr. Cochran pointed out that although there is great dedication on the part of the coordinators of the course, there have been no clearly stated objectives. The individual instructors are not well oriented as to their part in the teaching program. There has been no faculty syllabus; the course is constantly changing and varies greatly from hospital to hospital; there is a too frequent change of instructors, thus a loss of continuity between instructors and students; and the same patients are repeatedly seen by too many different students. Instructors often have little time to teach (many do this on a part-time basis with no recompense), and frequently they do not know the patients whom they are supposed to examine. The coordinators have difficulty assigning patients because often they have been discharged, are in x-ray or having other diagnostic procedures at the time the students are to interview them.

Dr. Blacklow, associate dean for academic programs, said that two faculty committees are studying the problems of this course. Dean Ebert indicated that he would urge the curriculum committee to start at once to plan for a formal course for the introduction of all students to the problems of physical diagnosis, history taking and patient interviewing, and to plan also for another formal course for the instructors. It is debatable whether the course should be standardized for all the hospitals; it may be better to assure that each hospital coordinator is informed about what is being done at the other hospitals. Dr. Langdon Burwell observed that more use should be made of community hospitals within a close radius of Boston in teaching the Introduction to Clinical Medicine.

The Alumni Council voted to accept the report and transmit it to the Dean for distribution to appropriate administration and faculty members for study and possible implementation. The recommendations voted by the Council were: that there be a standardized introduction period for students and faculty; that what constitutes an appropriate teaching team — in background and in number — be established; that there be a greater use of ambulatory patients in teaching; and that a common syllabus with well-defined teaching objectives be developed within two years.

Next there was a discussion of the trends in student financial aid. Mr. James Pates, director of student financial aid, presented data of the last six years showing that the cost of attending Harvard Medical School for a first-year student has risen from $5,437 in 1970-71 to $8,100 in 1976-77. Throughout this period the average scholarship per student has remained at a rather stable amount ranging between $2,000 and $2,200, with the difference being made up entirely by loans. Approximately sixty-three per cent of the student body is receiving financial aid this year for an estimated total financial aid package of $2,350,000 as compared with a financial aid package in 1970-71 of $1,542,000. Of greatest concern to the Alumni Council is that the average individual loan at graduation has been increasing by approximately $1,000 per year. It is estimated that each 1977 graduate will be approximately $14,000 in debt. The class of 1980 will have an estimated mean individual loan at graduation of $19,000 or more.

The Alumni Council speculated as to the impact of this increasing loan indebtedness upon students' career choices. It was felt that every effort must be made to obtain more money to help increase the scholarship support. Most important, it was felt that every effort should be made to develop endowment that would provide for more scholarship money. Mr. Meadow commented that the figures, while somewhat alarming, should be viewed in comparison with the 1967 dollar; the increase in loan indebtedness has more or less kept even with the inflationary spiral. The Alumni Council recorded no official vote or recommendation upon this information.

The factors that brought about the closing of Vanderbilt Hall dining room this fall were reviewed. The students are greatly concerned that an important meeting place for social and intellectual interchange has been lost. It is well recognized that one of the most important aspects of Vanderbilt Hall is to bring students from all four classes together socially. The problem is that the dining hall has been operating increasingly in the red: in 1967, 179,869 meals served there resulted in a loss of $27,000; in 1975-76 only 71,907 meals were served at a loss of $122,000. Students living in the dormitory formerly were required to have a meal contract. Last year when the contract was optional, approximately 100-150 students, out of the 250 residing in Vanderbilt, were eating dinner there. Both the personnel and the equipment could feed several times as many people with minimal increase in cost, but the volume was simply not enough to provide the necessary financial support.

The administration has been investigating the possibility of providing some kind of food service through bids from commercial vendors. The Alumni Council commends and encourages this endeavor to try to reopen the dining hall, thereby providing a social center for the medical students. The Alumni Council recommended that there should be a dining hall for students and faculty, and moved to support the administration in seeking ways to contract out its operation.

The Alumni Council gave its concerted attention to reviewing in great detail the many letters — primarily from alumni as well as from faculty at HMS (a percentage of them also alumni) and at other medical schools — relating to the *New England Journal of Medicine* "Sounding Board" article of May 13, 1976 by Bernard B. Davis '40 entitled "Academic Standards in Medical Schools." Many diverse reactions and points of view were espoused in these letters. The bulk of the letters were received by Dr. Davis himself, who forwarded them to the Alumni Council for their serious consideration. Some sent to Dr. George Richardson were critical of the article in the July/August issue of the *Alumni Bulletin,* "Davis Seen as Impugning Minority Students." Only a few were directed to the *Alumni Bulletin* office.

The Council explored the various alternatives: publishing only the letters sent to the *Bulletin* office, having an editorial in lieu of printing numerous letters, or including an editorial and representative letters. To avoid a conflict with the *Bulletin*'s letters policy, it was felt that letters obviously intended for publication could be published. Furthermore, the *Bulletin*'s policy is not to print letters addressed to any one article for more than two consecutive issues. As there are two letters about the Davis matter in the September/October issue, the consensus was that if letters were published in the upcoming November/December issue, then no further letters on the subject would be published thereafter. The Council recommended that this unhappy situation could best be summarized with an editorial by the editor of the *Harvard Medical Alumni Bulletin,* Dr. George Richardson. Dr. Richardson had already prepared a draft of an editorial that was read to the Council, which then voted strong affirmation and support of it.

In giving his report as editor of the *Alumni Bulletin,* Dr. Richardson called attention to the fact that the very scholarly issue of the *Harvard Medical Alumni Bulletin* containing articles about the five physician signers of the Declaration of Independence had now been published as a clothbound book, with appropriate scholarly footnotes. It is hoped that this will become a well-publicized and popular book among the general public and those particularly interested in the history of medicine.

The Council was informed of the receipt of an exceptional achievement award from the Council for the Advancement and Support of Education (CASE) by the *Harvard Medical Alumni Bulletin,* and voted its commendation to the editors of the *Bulletin.*

The Chairman of the Alumni Fund, Dr. Carl W. Walter '32, gave a report summarizing alumni giving for the academic year 1975-76. $674,000 was received from approximately fifty-two per cent of the alumni, a marked increase in alumni giving over the last four years. But of great concern to the chairman of the alumni fund and to the Council was the large number who do not respond to appeals for alumni giving. Dr. Walter is going to initiate a program of telephone conversations and personal visits to try

and find out why. A network of regional agents is being developed to call upon people once a year for special funds such as the Vanderbilt Hall Rescue Drive and also to talk with the people who do not give. The alumni fund office wants to know what is the basis for their lack of participation.

The publication of the alumni directory has stimulated many alumni to write in reporting the errors for their particular entries, which have been duly corrected for the files and for the next directory. The classes of 1961 to 1971 are going to be requested to verify their data, so that the alumni fund office can begin to develop a concept of the career patterns of the younger graduates.

The Alumni Council voted to support the renovation of Vanderbilt Hall in the amount of $500,000 over the next four years. The first year's effort has provided approximately $50,000. The emphasis of the alumni fund is still upon the annual giving of the alumni, and the Vanderbilt Hall Rescue Drive must be in addition to this. Many alumni have wondered why Vanderbilt Hall is in such poor condition. There had been approximately twenty-five years of little or no financial input into its maintenance because money was not available. Renovation has now begun to make Vanderbilt Hall a much more attractive and well-maintained living situation, thanks to the leadership efforts of those alumni who have contributed.

The Alumni Council voted to commend the chairman of the alumni fund for his magnificent efforts in developing the computerized alumni file and directory and for greatly increasing alumni giving.

Dr. Curtis Prout '41, the representative of the Harvard Medical Alumni Association to the Associated Harvard Alumni, reported on the fall meeting regarding the undergraduate college activities. Dr. Prout emphasized the great work that the alumni throughout the country are doing in recruiting and interviewing the applicants to Harvard College, and that the alumni have considerable voice in the admission policy at the undergraduate level. He commented upon the large decrease in the number and quality of applicants from the cities and the midwest, and the emphasis upon more applicants from the west, the northeast, and the rural areas. He raised the question of whether this geographical shift might have a long-range impact on admission of students to the Medical School. Much thought has been given to improving the interview techniques, and experiments have been made with both multiple and single interviews conducted by alumni. Dr. Prout presented a report form used by the college applicant interviewers. All of these procedures have potential value for the admission committee of the Medical School.

Dr. Prout is wearing another hat as head of the internship advisory committee. He interviews the senior medical students and then writes the letters of recommendation for their residency training program applications. He sees in our students as much anxiety about getting into the first year of graduate training as there was about getting into medical school. He pointed out that the number of applications to individual hospitals runs as high as 600 for fifteen places. At least half of the country's medical schools have candidates with outstanding qualifications; as a result the students from Harvard Medical School are facing much greater competition for first-year training positions. Because the number of places is decreasing as the number of graduates of Harvard Medical School is increasing, there may be a growing difficulty for all of Harvard's students to obtain a first-year graduate position.

In addition to the discussion and action on a number of routine business matters, the Alumni Council took note of the fact that the imminent appointment of a new Dean makes it important for the Alumni Council to provide as much support and information to the new Dean as possible. A number of suggested topics for further study by the Alumni Survey Committee were reviewed. The most likely one is for the Alumni Survey Committee to determine the relation of the Alumni Council and the Alumni Survey Committee to the Visiting Committee of the Board of Overseers and to the Review Committee of the Faculty. There should not be a duplication of review efforts, but rather a complementary effort in reviewing various items of interest to the alumni, the students and the administration. Dr. Bill emphasized that one of the primary concerns of the alumni is the welfare and growth of the students of the Harvard Medical School. Also in anticipation of the appointment of a new Dean it was voted that an ad hoc committee of the Alumni Council be appointed to develop a report on the future directions, plans, and goals of the Harvard Medical Alumni Association and how it can best support and enhance the interests of HMS and of its alumni and students.

Perry J. Culver '41
Director of Alumni Relations

Family practice elective now across the Charles

A new private family practice group, established by Richard Feinbloom, M.D., assistant professor of pediatrics, and Stanley Sagov, M.D., instructor in family medicine in the division of primary care and family medicine at HMS, is being used for the training of Harvard Medical students in family practice. Now functioning in temporary quarters at the Cambridge Hospital, the Family Practice Group expects to move into a permanent office in North Cambridge early in 1977.

While performing a teaching role, the new practice will operate in a "very real-world," businesslike manner, emphasizes Dr. Feinbloom. Supporting itself on a fee-for-service basis, the practice will be independent of grant money, although funding from Harvard and other sources will be involved in supporting the educational program.

The contrast is with the HMS-affiliated Family Health Care Program as it functioned at the Children's Hospital for two decades until last year, which had been dependent upon — and had eventually lost — its outside funding. Dr. Feinbloom considers the new group a direct continuation of that program, of which he is medical director and Dr. Sagov a former fellow. "The Family Health Care Program," said Dr. Sagov, "was a pioneer in family practice education and helped develop many of the concepts which underlie the burgeoning efforts nationwide to train more family doctors." Immediately responsible for the program's demise at the CHMC was the 1974 withdrawal of accredita-

tion by the Residency Review Committee in Family Practice of the American Medical Association, on the grounds that it trained only two residents a year, that it had formalized arrangements for training only in pediatrics, and that there was no departmental structure at HMS for family practice. At the root of these factors, however, explained Dr. Sagov, was a decision by the hospitals involved (the Boston Hospital for Women, the Peter Bent Brigham and the Children's Hospital) that their interest in primary care education should emphasize the training of internists and pediatricians rather than of family practitioners (as defined by the American Academy of Family Physicians).

The principles and philosophy of the Family Practice Group are set forth in a brochure that is given to patients. It describes the family physician as "a primary care physician who 1) serves as the physician of first contact with the patient irrespective of age, sex, or diagnosis and provides a means of entry into the health care system; 2) evaluates the patient's total health needs in the context of the family and community, provides personal medical care and refers the patient when indicated to appropriate sources of care while preserving the continuity of the relationship; 3) when referring patients for diagnosis or treatment to one or more consultants, assumes the responsibility for coordination and integration of the efforts of all the members of the health care team as well as serving a clearing house function for information flow among doctors, patients, and the patient's family." The group has evening as well as daytime office hours, provides 24-hour a day coverage 365 days a year, and makes house calls when indicated.

Most of the Family Practice Group's patients are expected to come from the predominantly middle income North Cambridge community where it will be located. One consequence of the group's commitment to financial self-sufficiency is that it cannot afford to set up in a low income area where Medicaid payments would not cover the full cost of care; however, its founders are hopeful that the practice will later be able to branch out to less prosperous parts of Cambridge.

When the Family Practice Group moves into its permanent quarters, Drs. Feinbloom and Sagov plan to increase the staff as needed, by four more physicians, a nurse practitioner, nurse, and nurse's aides. A social worker to complete the family health team will be hired as soon as the practice can afford it. Already participating are medical students from HMS and (primarily as observers) Harvard and Radcliffe college students interested in health care work. Discussions have begun towards developing a family practice residency program.

Dr. Sagov says he is certain that medical schools will be encouraged to develop programs in family medicine by the recently passed federal Health Professions Educational Assistance Act (HR 5546), which provides for grants to support medical students, residency programs, teacher training, and the establishment and maintenance of medical school departments in primary care and family medicine. In November, HMS established a division of primary care and family medicine in the department of preventive and social medicine. But Dr. Feinbloom points out that over the past four years, even without any formal exposure to this type of medicine in the curriculum, the percentage of HMS graduates entering residencies in family practice has been steadily increasing.

Nobel Prize winner: Gajdusek '46

There are no alumni notes in this issue, however some news has come to our attention that cannot wait until February: Carleton Gajdusek '46 has won a Nobel Prize in medicine and physiology. Dr. Gajdusek, who is based at the National Institute of Neurological and Communicative Disorders, was singled out for his work on the fatal disease kuru, found principally among one cannibalistic tribe in New Guinea; he showed its cause to be a slow-acting virus transmitted by the eating of human flesh. Nearly all of the females, who eat the virus-filled brains and other less desirable part of the victims' bodies, have kuru.

This research, which Dr. Gajdusek sees as just beginning, also has implications for several other mysterious nervous disorders such as multiple sclerosis, Parkinsonism, and a rare ailment known as Cruetzfeldt-Jakob disease. Dr. Gajdusek's receipt of the Nobel Prize follows a trend of the past few years, with the members of the prize committee evincing a strong interest in the fields of viruses and immunology.

Dr. Gajdusek, a bachelor, has developed a special attachment for Micronesia, for he has adopted sixteen sons during the past twenty years of scientific expeditions. As for the financial side of the Nobel Prize — $80,000 — Dr. Gajdusek, who still has nine sons at home, stated, "I'll use the money to put the boys through college. At times I've had seven in college, and it's been a bit of a strain."

Brenner named Levine Professor of Medicine

Barry M. Brenner, M.D., recently appointed professor of medicine at HMS and director of the Laboratory of Kidney and Electrolyte Physiology at the Peter Bent Brigham Hospital, has been named the Samuel A. Levine Professor of Medicine. Considered one of the country's leading investigators in renal physiology, Dr. Brenner comes to HMS from the University of California at San Francisco. He joined the faculty there in 1969 as assistant professor of medicine and chief of the nephrology section at the San Francisco Veterans Administration Hospital. In 1974 he also became a senior staff member at the university's Cardiovascular Research institute, and in 1975 attained the rank of professor of medicine and physiology.

Dr. Brenner's research in renal physiology began at the Laboratory of Kidney and Electrolyte Metabolism of the National Heart Institute in Bethesda, Maryland, where he was first a postdoctoral research fellow in 1969 and continued as a senior investigator from 1967 to 1969. He is author of more than fifty major contributions in the field, and co-editor of a new textbook, *The Kidney.*

To your health, John and Jane Q. Public!

Q: *What is red, white and black, good for your health, and found in factories, office buildings, doctors' waiting rooms and churches from Alaska to Australia – and opposite p. 8 of this month's* Alumni Bulletin?

A: *The* Harvard Medical School Health Letter.

After its first year in existence, the *HMS Health Letter* — a brief and readable monthly guide to common problems and current developments in health — already possesses a distinctive personality and an audience of more than twenty thousand readers. So far, Harvard is the only medical school to sponsor a publication designed to carefully appraise current information, select appropriate topics, and then present a reasonable and understandable synopsis for a non-medical audience.

Health Letter *innovators Dr. Johnson and Dr. Goldfinger*

It was two years ago, when Dr. G. Timothy Johnson was working as a research fellow in medicine with the department of continuing education at the Medical School, that he conceived the idea of such a publication. What prompted him was not, he emphasizes, a dearth of health information in the public media. "There is *too much* information. Headlines, articles, TV reports pour out at people, often sensational or misleading or both. I saw a need to guide people through the maze of health information and help them sort it out." Stephen E. Goldfinger, M.D., associate dean for continuing education and a close colleague of Dr. Johnson, was enthusiastic. "It was time for a medical school to get informationally involved with the general public."

The careers of both men revolve around educating people in health matters. Dr. Johnson, a minister, master of public health, and specialist in emergency medicine, is medical editor of Boston's WCVB-TV and has become well known hereabouts for his weekly show, *House Call*, which is now being syndicated across the country. His book, *Doctor! What You Should Know Before You Call a Doctor,* was recently published by McGraw-Hill. Through his work in continuing education, Dr. Goldfinger is involved in planning courses for all varieties of medical and paramedical professionals; he is also an associate professor of medicine at the Massachusetts General Hospital.

A first step in launching the *HMS Health Letter* was to marshal the resources of expert medical opinion on the Harvard faculties of medicine and public health. The fifteen specialists who now serve on the advisory board chaired by Dr. Goldfinger were chosen "for their sensitivity to the perils of potential ambiguity and sensationalism, as well as for their clinical expertise." The material for each issue, planned and written by Dr. Johnson in his capacity as editor, is circulated to board members, who may comment, suggest changes in consultation with experts, call a board meeting to iron out any intractable disagreements, or even veto an item.

Major topics featured in the first twelve *Health Letters* include anemia, arthritis, cancer screening and treatment programs, heart attacks, flu, exercise programs, how to prevent strokes, and what to do until the doctor arrives in medical emergencies. The three or four shorter items in each issue focus on current questions — sometimes controversial — about which the reader is probably already worried, confused or misinformed. Mammography, estrogens and cancer, fluoridation, oral hypoglycemic drugs, smoking and lung cancer, marijuana, amniocentesis and the detection of birth defects, acne, psoriasis, asymptomatic gonorrhea, and the health value of dietary fiber are among the topics highlighted during the past year.

Dr. Johnson is also trying to sensitize his readers to more general concerns. Last April's issue carried an editorial entitled "How to Evaluate Medical Information" — a set of guidelines for assessing the scientific validity of "breakthroughs" reported in the lay press. A now-familiar part of the *Health Letter*'s personality is the "quote of the month," usually relating either to government health policy, or to the individual's responsibility for his or her own health. "One of the most important factors in health," stresses Dr. Goldfinger, "is what the individual does for himself." Dr. Johnson points out that many Americans today do not have a family physician easily available to answer questions that may be worrying them, or to examine how their habits and lifestyles may be affecting their health. The *Health Letter* attempts to fill this gap by making its readers better-informed patients, ready with pertinent knowledge and questions once they do enter a doctor's office.

Here are some of the topics in the offing during the next twelve months: "A Blueprint for Periodic Check-ups," "A Primer on Contraception," "Basic Facts on Back Pain," "An Overview of Obesity," and "Treatment of Psychiatric Problems."

The *Health Letter*'s group rates are low: one dollar per person per year for orders of a hundred or more. Ten dollars a year buys an individual subscription. (A slight increase in prices will soon be made.) As reflected in these rates, large institutions are the publication's primary target — particularly corporations which can then distribute it to their employees — but the *Health Letter* can also reach sizeable groups through individual subscriptions. Many physicians have added it to their waiting-room reading matter, the staff associates at the MGH have done the same, and a high school biology teacher uses each issue as a teaching aid. In the Medical School itself, each department head receives a copy, and, it is hoped, circulates it within the department. Operating near cost, the *Health Letter* cannot afford free distribution; however, Dr. Johnson is hopeful

that in the future funding can be obtained to send it to other groups, such as welfare recipients, who could benefit from it but are not connected with any institution that might provide it to them.

Thus far the *Health Letter* has been, as Dr. Goldfinger puts it, a "cottage endeavor," a "labor of love" run somewhat informally with the help of one assistant, Ms. Christina Knapp of the continuing education office. This year, enlisting the professional help of a business manager, and of their "natural ally," the Harvard University Press to oversee publishing operations, Drs. Johnson and Goldfinger hope to increase the *Health Letter*'s visibility and introduce it to a large audience. In particular, they hope to reach many working people through subscriptions by labor unions for their members.

Enthusiastic responses to the *Health Letter* have been coming in from many readers, faculty members here and at other schools, the visiting committee of the Board of Overseers, and the President and Fellows of Harvard College. National magazines have begun quoting the *Health Letter* on medical questions and at times calling Drs. Johnson and Goldfinger for more information. So far, it seems, this fledgling venture of a medical school "to get informationally involved with the general public" has proved a success.

ERRATA: Some faculty members may have been taken aback to find themselves listed in the September/October *Bulletin* as "promoted" to positions they had already held for some time. We regret any confusion that may have resulted. The following people were actually *re*appointed to these positions on February 17, 1976; we failed to sort them out from the other faculty members, "reappointed with change in status" (i.e., promoted), who reached our office on the same computerized list: G. Robert DeLong '61, T. Corwin Fleming '56, Thomas H. Glick '56, Dieter Koch-Weser, M.D., James R. Lehrich '62, Chaim I. Mayman, M.D., Earnest H. Picard '55, Maria Z. Salam, M.D., and William H. Timberlake, M.D.

To our dismay, we have also discovered that a list of promotions and appointments approved last January failed to find its way to the *Bulletin* office. The contents of this, as well as more recent promotions and appointments, will appear in a future issue.

Centrex clears up switchboard snafus

Have you ever had the experience of calling (617) 734-3300 and found it ringing, to no avail? Or tired from dialing those seven digits, certain that an entire switchboard could not be constantly *that* busy? Or perhaps your conversation had been proceeding innocently enough until suddenly an operator interrupted (unsolicited) and left you talking to a void? None of this is done with any wilfulness on the part of the operator, yet such frustrations and inconveniences have been all too commonplace. They should be alleviated as you become accustomed to the latest technological, and practical, innovation in the medical area — Centrex, or direct dialing. The system has been in operation since November 20 at the schools of medicine, public health and dental medicine; and also at the Boston Hospital for Women and the Peter Bent Brigham and Robert B. Brigham Hospitals. The change has meant easier calling for all, with nary a snafu.

The management of the Centrex system is under the Medical Area Service Corporation (MASCO). While the previous switchboard needed five even-tempered women to connect callers and callees, the new system has been streamlined to two operators, with the other three women eventually being placed in other University jobs.

To assist alumni in making the transition, we have prepared this brief directory.

Main Number for the Medical Area	**732 – 1000**
Information Desk	**732 – 1513**
Alumni Relations	**732 – 1560**
Dr. Perry Culver, Director	
Alumni Fund	**732 – 1565**
Dr. Carl Walter, Chairman	
Alumni Bulletin	**732 – 1548**
Student Employment Office	**732 – 1350**
Development	**732 – 1530**
Miss Beverly Bennett, Associate Dean for Resources	
Mr. Samuel Lewis, Director	
Continuing Education	**732 – 1526**
Dr. Stephen Goldfinger, Associate Dean	
Admission	**732 – 1550**
Dr. F. Sargent Cheever, Director	
Student Affairs	**732 – 1570**
Dr. Alvin Poussaint, Associate Dean, Director	
Dr. Hermann Lisco, Associate Dean	**732 – 1644**
Financial Aid	**732 – 1575**
Mr. James Pates, Assistant Dean	
Internship Advisory Committee	**732 – 1578**
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Dean	**732 – 1501**
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Senior Associate Dean for Administration	**732 – 1495**
Mr. Henry Meadow	
Senior Associate Dean for Preclinical Affairs	**732 – 1505**
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Associate Dean for Academic Programs	**732 – 1543**
Dr. Robert S. Blacklow	
Associate Dean for Financial Affairs	**732 – 1545**
Mr. Richard Olendzki	
Assistant to the President	**732 – 1540**
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Registrar	**732 – 1515**
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News Office	**732 – 1590**
Mrs. Lillian Blacker	
Warren Museum	**732 – 1603**
Mr. David Gunner	

The Harvard Medical School Health Letter

A Publication for General Readership, Designed to Provide Accurate and Timely Health Information

A publication of the Department of Continuing Education, Harvard Medical School, 25 Shattuck Street, Boston, Massachusetts 02115

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AN INTRODUCTION TO ANEMIA
(Or: Some Truths About "Tired Blood")

The occurrence of anemia sometimes signals something much more serious than implied by the phrase "tired blood." Indeed, fatigue is poorly correlated with anemia and most fatigue is not due to "low blood." The diagnosis of anemia requires appropriate blood tests; anemia cannot be accurately diagnosed by a quick look at the color of palm lines or the lining of eyelids.

DEFINITION: The word anemia means a decrease in the number of red blood cells or hemoglobin content that results in reduced transport of oxygen to the cells of the body. It is crucial to note that there are many possible causes of anemia - some potentially serious. In other words, "anemia" is not a specific disease; it is essential that the cause of any anemia be found.

TYPES: The discovery of anemia on a simple blood test (hemoglobin or hematocrit) should lead to further studies to determine the type of anemia and the underlying cause. In addition to anemias of iron deficiency and abnormal Vitamin B-12 absorption (see below), other anemias may be caused by such illnesses as liver disease, rheumatoid arthritis, hidden infections, thyroid disease, etc. The list is almost endless. In some cases, an anemia discovered during a routine blood test may be the first sign of disease.

IRON DEFICIENCY: As it turns out, the most common type of anemia in this country is an "iron deficiency" anemia. The cause is rarely a diet deficient in iron - though the "tea and toast" diet of some elderly citizens is an example of the kind of diet that might contribute to iron deficiency. Rather, the vast majority of iron deficiency anemias are caused by blood loss. (When blood is lost from the body the iron in that blood is also lost, thereby resulting in an iron deficient state.) Simply taking iron will not solve the problem of blood loss. Having made this basic point - that an iron deficient anemia is assumed to be caused by blood loss somewhere in the body until proven otherwise - the following additional points can be made:

(1) In men, the occurrence of an iron deficiency anemia must be taken as a sign of intestinal blood loss until proven otherwise. Initial testing for hidden blood in stool specimens is mandatory. If positive, further studies (barium x-rays, sigmoidoscopy) are needed to search for ulcers, tumors, and other potential sources of bleeding.

(2) In women, the most common cause of blood loss is menstruation. Therefore, in otherwise healthy women still menstruating, it is not unreasonable to assume that an iron deficiency anemia is due to menstrual blood loss. Such an assumption is obviously not valid in a post-menstrual woman. And even in a woman still menstruating, care must be taken not to overlook other and potentially more serious sources of bleeding.

If a benign source of blood loss is diagnosed - such as menstrual bleeding - iron supplement is often started. Iron pills (or rarely, iron injections) are much more effective than any over-the-counter tonic. If iron deficiency does not exist, iron supplements are useless. Unnecessary iron may even be dangerous in rare instances.

(3) In infants, the most common cause of iron deficiency is inadequate dietary intake. Milk alone is not sufficient after 4-5 months of age, and the rapid growth in the first year of life sometimes results in an infant outgrowing his iron reserves. Iron-containing foods should be introduced about the third month of life.

VITAMIN B-12 DEFICIENCY: Like iron deficiency, Vitamin B-12 deficiency (which causes the very serious anemia known as pernicious anemia) is rarely caused by a lack of Vitamin B-12 in the diet. (Total or "vegan" vegetarians - i.e., those who also avoid milk products - are prone to develop a Vitamin B-12 deficiency because of their diet.) In typical pernicious anemia, the deficiency is caused by the absence of so-called "intrinsic factor" - a substance normally made by the stomach that enables the intestine to absorb Vitamin B-12. When intrinsic factor is absent, Vitamin B-12 cannot be absorbed and pernicious anemia develops. If untreated with B-12 shots (taking pills will not do any good, since absorption in the intestines is the problem), this anemia can lead to permanent nervous system damage and eventual death. Several further points should be stressed:

(1) Vitamin B-12 shots are appropriate only for those conditions in which this vitamin cannot be absorbed through the intestines - i.e., pernicious anemia due to the absence of intrinsic factor or poor absorption secondary to intestinal disease. For such persons, Vitamin B-12 shots are life-saving. For persons not deficient in Vitamin B-12, such shots are an unnecessary pain in the pocketbook and the muscles of the posterior parts.

(2) Many unnecessary B-12 or "liver" shots are given for "tired blood" or as a vague "pep tonic." The only anemia for which B-12 shots are appropriate is pernicious anemia. This is a relatively rare anemia which can be diagnosed only by extensive laboratory tests.

OTHER ANEMIAS: While the above anemias are the most commonly misunderstood, there are many other types with many possible causes - including anemias secondary to lead poisoning, sickle cell disease, red blood cell destruction, etc. Future issues of this publication will deal with some of these anemias.

IN SUMMARY: The most important point to remember about an anemia is that it is a condition for which a cause must be found. Management of anemias requires more than a simple hemoglobin or hematocrit count and the announcement that you have "low blood" or "tired blood." If you are told that your blood count is low, you should ask why!

UPDATE ON MAMMOGRAPHY

The March 1976 issue of this publication contained a discussion on the appropriate use of mammography - a general term for techniques (usually xerography) that demonstrate breast tissue in far more detail than routine x-ray. Recently, the National Cancer Institute issued "interim guidelines" for the detection units which it co-sponsors with the American Cancer Society. Most experts feel the debate will continue for many years as new data become available. In the meantime, the following points should be stressed.

(1) Newer equipment greatly reduces the radiation exposure of mammography - even when compared to equipment used five years ago. Any woman receiving mammography on a regular basis should assure herself that such equipment is being used.

(2) The dispute over radiation hazards is based on data which are difficult to apply to the current situation. Most experts would agree that only regular examinations over a long period of time pose any real hazard.

(3) All experts agree that for the woman at high risk for breast cancer the risk of radiation is far out-weighed by the benefits of possible early detection through the use of regular mammography. Included in this high-risk definition are women with a strong family history of breast cancer, women with previous cancer of the breast and women with suspicious lumps or symptoms.

Most of the controversy involves periodic screening for women with no symptoms and not at high risk. The general consensus among experts is that such women do not need mammography before age 35. After age 35, most would recommend a base-line mammography exam followed by repeat examinations when indicated.

TREATMENT OF DIARRHEA IN CHILDREN

Drugs for treating acute diarrhea in children are widely used; the affliction is annoying and worrisome, and both doctors and parents are anxious to try something to stop it. However, proof for the effectiveness of the drugs used is lacking. A recent report in the Journal of the American Medical Association reported on one study of four widely used drugs for childhood diarrhea - kaolin-pectate, kaolin alone, pectin alone, and diphenoxylate-atropine which is better known as Lomotil® . None of the drugs was demonstrated to be more effective than a placebo in reducing stool frequency or volume. (Lomotil® is also known to be dangerous in children under two and has been reported as a cause of accidental childhood poisoning.)

The above is not to suggest that acute diarrhea in children is not a potentially serious problem. Fluids lost must be replaced; especially dangerous is any fluid loss in a young infant. But the above mentioned study does point out that many drugs used today for a variety of conditions may lack solid scientific proof of effectiveness.

WARNINGS ON CAMPHOR POISONING

Spirits of camphor and camphorated oil can be purchased without prescription and without any limitation on amounts. Estimates of amounts purchased in the U.S. annually run as high as 30 million ounces. Yet as little as one teaspoon of camphorated

oil can cause life-threatening illness. And there is no solid proof that camphor is effective for any of the alleged conditions for which it is purchased. It is often mistakenly ingested by adults when confused with various oil preparations such as castor oil or cod liver oil. And camphorated oil represents a tempting drink for the unsuspecting child.

This combination of danger and lack of effectiveness for any known purpose prompted an editorial writer in the Journal of the American Medical Association to call for removal of camphor products from the American drug scene. In the meantime, every parent should check available drug supplies in the home to make sure such products are clearly labeled and out of the reach of children.

UNEXPECTED FIRE DANGER

Many over the counter lotions and tinctures contain a large amount of alcohol which is highly flammable. Many of these liquids carry a warning about fire hazard - which unfortunately goes unnoticed. A recent medical report concerns a man who wrapped burned fingers in gauze soaked in Balsam of Myrrh and then lit a cigarette which caused the gauze to explode - not surprising since Balsam of Myrrh contains 82% alcohol!

MOTORCYCLE SAFETY - QUOTE OF THE MONTH

Motorcyclists throughout the country have become increasingly organized and vocal about their dislike of restrictions on their activities - including laws in various states requiring the use of helmets. In a commentary in the May 1976 American Journal of Public Health, Albert Kelly, of the Insurance Institute for Highway Safety, points out the alarming increase in death and disability from motorcycle accidents - including a three-fold increase in the per cent of motor vehicle deaths due to motorcycles during the decade of 1964-1974. Mr. Kelly also quotes from a 1972 Massachusetts court decision (later upheld by the Supreme Court) which confronted - and denied - the argument of motorcyclists that government did not have a right to interfere with cyclists lives by requiring helmet use. That quote - as follows - might also be applied to many things we do (or don't do when we should) to ourselves:

> "...We cannot agree that the consequences of such injuries are limited to the individual who sustains the injury ... From the moment of the injury, society picks the person up off the highway; delivers him to a municipal hospital and municipal doctors; provides him with unemployment compensation if, after recovery, he cannot replace his lost job, and, if the injury causes permanent disability, may assume the responsibility for his and his family's subsistence. We do not understand a state of mind that permits plaintiff to think that only he himself is concerned."

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Editorial

Social Justice and Academic Standards: The Creative Balance

In the July/August issue the *Bulletin* attempted to give a full chronological account of Professor Bernard D. Davis's expression of views in the *New England Journal of Medicine* (294: 118-119, May 19, 1976) and the reaction, both administrative and public, that followed. In our effort at objectivity we used Dr. Davis's original article and a voluminous compilation of articles assembled by the Harvard Medical Area News Office from newspapers and other sources. This record exposed the roots of the matter clearly, and showed how Dr. Davis's call for "properly balancing our obligation to promote social justice with our primary obligation to protect the public interest" was followed by an ill-advised interview with the *New York Times* quoting statements that have caused incalculable hurt to minority medical students and may have damaged the process of minority recruitment at Harvard Medical School. In the *Harvard Crimson* and other newspaper accounts an even deeper deterioration was apparent and we omitted the latter. The reaction of Dean Ebert was prompt, and under the circumstances, appropriate. Our headline accurately summarized the story: Dr. Davis was indeed "seen as impugning minority students."

The *Bulletin,* however, while attempting to refrain from editorializing, had inadvertently provoked an unbalanced perception. This has been made clear to us by the reactions expressed to us by Dr. Davis's colleagues, in the letters printed in this issue, and in a full discussion of the matter by the Harvard Medical Alumni Council.

The most nearly correct perception of Dr. Davis, we believe, is contained in the caption of the picture of him that accompanies the *Newsweek* article of July 12, 1976, where he stands, white-coated, syringe in hand, looking alertly at the camera: "Davis: a concern for medical standards." His criticisms were intended to apply only to certain individuals and not to all of any group. As he emphasized in a later letter to the *Crimson* (July 15, 1976), "I was addressing only the problem of the minimal standards for passing all students. The lowering of these standards in recent years affects only a few students, non-minority and minority . . . It is clear that most minority medical students here have performed very well. Moreover, their perseverance in overcoming early disadvantages has eamed wide admiration. But if poorly qualified students are also passed the well-earned credentials of the good students may be tarnished."

As noted in the *Bulletin's* account, Dr. Davis's *New England Journal* article (not an editorial, but an unsolicited item under the heading of "Sounding Board") was a revision of a statement co-signed in its original form by five other faculty members, urging a reevaluation of admissions, grading and promotion policies, but not relating these specifically to minority recruitment. Dr. Davis's revision tended to identify the problem of standards with the program for minority students, even while acknowledging that "medical faculties can derive deep satisfaction from their success in recruiting and helping many able students from groups that were formerly excluded."

Prior to the outburst in the news media, then, Dr. Davis was clearly a professor operating together with his peers in an unequivocally worthy cause, that of academic excellence, particularly in the preclinical sciences that are his personal and professional concern. Davis's own credentials, furthermore, indicate a consistent concern with social justice: he was an organizer of antiwar demonstrations in the 1960s, the first department chairman in the history of Harvard to preside over the appointment of a black man to a tenured post, and for many years a member of the advisory board of the Civil Liberties Union of Massachusetts. As a teacher of genetics to undergraduates (Nat. Sci. 37), Dr. Davis is seen by the *Harvard Crimson* as providing a "strictly objective discussion of biology and genetics, laying the foundation for an analysis of the implications of recent advances in these fields for philosophy and ethics." The *Crimson* makes it clear also that other members of the faculty teaching in the same field do not share Dr. Davis's view on the importance of genetics for behavioral traits.

Science is nothing, however, if it is not the pursuit of the truth, a quest that inevitably involves controversy. For Dr. Davis, and for this writer, this quest is of paramount importance to medicine and to mankind. Dr. Davis has expressed it well in an eloquent and challenging discussion of what happens to the teaching of the basic sciences when they must be watered down to fit a core curriculum designed for all students, but for no student in particular (in *The National Board Examiner,* Vol. 18, No. 7, April 1971). His discussion concludes with a statement to which this writer would add a fervent Amen.

"However pressing our problems of distributing bread and distributing medical care may be, man also has developed a culture. In our world today, to my mind, scientific research is among the most creative cultural activities going on, comparable to cathedrals in the Middle Ages and painting in the Renaissance. It would be a shame if our effort to solve pressing current social problems should lead us to pull the whole thing up by the roots and then hope that some day it will start growing again." In this writer's view, however, the quantitative evaluation of medical students, a dubious enterprise at best, is beyond the reach of today's science. The skills of a reconstructive surgeon and those of the psychiatrist cannot be measured on the same scale. Neither can be measured on the scale of preclinical science. Similarly, MCAT testing has some usefulness in context, but the scores do not predict achievement: as Dr. Daniel Funkenstein reported to the HMS Faculty (May 26, 1976), some of Harvard's most distinguished academic physicians have been those with the lowest scores. It is consistent with this observation that admission standards at HMS have provided for the inclusion of students with low scores, — non-minority and minority alike.

We would not for a moment wish to see any falling off of the excellence that medical education at Harvard represents, nor would we for a moment wish to see any less energentic approach to the matriculation of minority students at Harvard Medical School. We bystanders, however, can only agonize as the two sacred cows of academic excellence and social justice gore each other in the public arena, with a third sacred cow, that of Dr. Davis's academic freedom, left bleeding on the sidelines (see "Race and Truth at Harvard," *New Republic,* July 17, 1976). It is not for bystanders but for the administration and Faculty Council to resume the agenda begun in January and to achieve the necessary creative balance.

It is well to reflect that there probably has never been a time when poor performance in the preclinical sciences was considered incompatible with competent or even excellent performance in the care of patients. Undoubtedly, there have been occasions in the past when a student of fine personal qualities, with or without what might have been considered an excellent family background, has been given almost as much of a boost as a recent student with a different family background is said to have received. If so, we do not believe that Harvard Medical School then or now gave its diploma to an incompetent whose medical care would endanger his patients. And we hope that while Harvard Medical School continues to strive for brilliance in academic achievement, it also will continue to enrich the stream of medicine with the all-important human qualities that a physician must have.

G. S. Richardson '46

A Letter from the Dean

Three criticisms have been made of my response to the Davis article about academic standards, published in the *New England Journal of Medicine,* together with the publicity which followed. I have been told that I overreacted. I have been accused of denying that a problem exists, and finally it is said that I have been unfair to Dr. Davis. Let me respond briefly to these accusations.

If I overreacted it was precisely because I recognized that a problem does exist, and it is a problem far more serious and far-reaching than the issue of academic standards. Following the assassination of Martin Luther King there was a commitment made by this faculty and by many other medical faculties to try to rectify some of the discriminatory practices of the past and to recruit blacks and members of other minority groups into medical schools. This has been a serious effort here and elsewhere and, of course, there have been academic problems. Given the educational disadvantages of many members of minority groups, it would have been surprising if there had been no problems. But now there is a much more serious problem. The commitment is no longer as strong, and many voices are being raised in criticism of a policy which says we will actively recruit members of minority groups for admission to medical school. If I have overreacted it was because I knew that the Davis article would be seized upon as an apology for repudiating a policy of affirmative action. I also knew that critics in other medical schools would say: "Even Harvard is having problems so we can now admit that the policy has failed, and we can abandon our commitment to minorities."

If I have appeared to overreact or I have seemed unfair in my criticisms of Dr. Davis, those are the reasons. I know perfectly well that Dr. Davis is not a racist and I know that his commitment to academic standards is sincere and not an excuse to attack any ethnic group. I also know that Dr. Davis did not intend to undermine a policy of recruiting minorities for admission to HMS. Unfortunately, what we say and what we write can be misinterpreted, and my intent has always been to prevent what Dr. Davis has said from providing ammunition for those who wish to abandon our commitment to minorities. It has not been my wish to injure Dr. Davis or to prevent him from stating his views publicly.

Robert H. Ebert, M.D.
Dean

ACKNOWLEDGMENTS

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THE MEDICAL MUSE

materia & immateria medica

In presenting an issue of the *Alumni Bulletin* devoted exclusively to poetry, we depart from our own traditional ways at this traditional time of year. The more we thought about it, the more we liked the idea of gathering together poems as diverse as possible, but all of a medical bent. In these pages are included poems about doctors, about sickness, about hospital rooms and patients, about the body and about science. Poems that we hope speak to, and perhaps even enhance, the physician's experiences and emotions.

If you read nothing else, we hope at least that you will turn to one of these four: W. H. Auden's "A New Year Greeting" (p. 13), Walter de la Mare's "Bones" and Richard Armour's "Ideal Patient" (p. 37), and Earnest Hooton's "Ode to a Dental Hygienist" (p. 39).

We would not have such a grand selection, were it not for David McCord, a poet of great wit and inventiveness, and our guest editor. We persuaded him to shape our ambitious undertaking, and he has done so with spirit. It has been our good fortune to have his impress on this special issue of the *Bulletin*, and we sincerely appreciate his tireless work on our behalf.

David McCord, Class of 1921, Harvard College, was born in New York City, graduated with highest honors from Lincoln High School in Portland, Oregon, and has spent his gainful life (as he says) at Harvard. Among other things, he served as associate editor of the *Harvard Alumni Bulletin* (now called *Harvard Magazine*) for three years, and as its editor (1940-1946) for six. Among his more than forty books are *The Fabrick of Man* (a fifty-year history of the Peter Bent Brigham Hospital) and *Bibliotheca Medica* (the Countway Library's dedication ceremonies), which he edited.

Also nine books of verse for children, the most recent being *The Star in the Pail* (1975), which was nominated for a National Book Award. He is a member of the Committee on the Dictionary of American Biography, and a Benjamin Franklin Fellow of the Royal Society of Arts in London. His work has appeared in many magazines; from 1926 on, for nearly thirty years, he contributed to the *New Yorker*.

In November 1963 I was asked by Dr. Oliver Cope to speak on poetry and medicine at the president's dinner (he was then the president) of the American Surgical Association. After that, or perhaps even because of that, I spoke in the course of the next twelve years at several other gatherings of surgeons and physicians, most of them specialists; whereby my folder of poems related to medicine began to take on weight. One such invitation took me, in a violent cloudburst that filled my shoes on the boardwalk, to the Atlantic City of my boyhood; now officially blest, I am told, to become the Las Vegas of the East. Esto perpetua!

So, when last summer Dr. George Richardson, editor of the Harvard Medical Alumni Bulletin, *proposed that I edit a poetry number of the HMAB for Christmas, it was hard to refuse. Many of the poems to be included were at hand; others would be easy to come by. But I must say that without Dr. Richardson's help and the special editorial assistance of Mrs. Deborah Miller, I would have overlooked a pair of poems unknown to me — two of those by W. E. Henley — and would surely have come less quickly to the final selection and sequential arrangement. I thank them both, and most particularly Mrs. Miller for designing the pages with so much imagination.*

It was not through carelessness that nothing appears over the names of Walt Whitman and Dr. Oliver Wendell Holmes. Most of our contributors are or were of this century; no Shakespeare, for example. And nothing has been chosen which would not fit into an outwardly obscure pattern of poems in reasonable inward balance — light and dark. I have been looking for what the English poet Gerard Manley Hopkins called "inscape." I think it is discoverable here; and surely there is not one doctor alive who has failed to train his lens at some time or other on some sort of emerging wonder. Or simply looked on heartbreak.

So, without further apology save for these four lines by Ogden Nash:

The noblest lord is ushered in
By a practicing physician,
And the humblest lout is ushered out
By a certified mortician.

Anne Sexton (1928-1974), sometime student of Robert Lowell and a Robert Frost fellow at the Bread Loaf Writers' Conference in 1959, produced a relatively brief spate of poetry that nonetheless increased in its intensity from book to book. She could indeed turn "wounds into words," as one early critic observed. "Life is a trick, life is a kitten in a sack" is what she said herself; and she said it not in a poem of disturbance and anguish, but in a calm and considered one — a poem of relevant recollection called "Some Foreign Letters." Anne Sexton remains for any reader a sadly tragic yet powerful figure in modern poetry. Totally, it seems to me, of her own abrasive time. But the example just ahead was written in the eye of no detectable storm. Far from it.

DOCTORS

They work with herbs
and penicillin.
They work with gentleness
and the scalpel.
They dig out the cancer,
close an incision
and say a prayer
to the poverty of the skin.
They are not Gods
though they would like to be;
they are only a human
trying to fix up a human.
Many humans die.
They die like the tender,
palpitating berries
in November.
But all along the doctors remember:
First do no harm.
They would kiss if it would heal.
It would not heal.

If the doctors cure
then the sun sees it.
If the doctors kill
then the earth hides it.

The doctors should fear arrogance
more than cardiac arrest.
If they are too proud,
and some are,
then they leave home on horseback
but God returns them on foot.

Anne Sexton

The late W. H. Auden (1907-1973), a major poet of our time, with a broader base of interest, wider range of technique and language, and a firmer foundation in the classics than Yeats, Eliot, Frost, Aiken, or Lowell — or indeed than his immediate English friends and contemporaries, MacNeice and Spender, for example — became increasingly concerned with health and geriatrics in his last few years. Auden (to me at least) was not only witty beyond all of those poets named above save Robert Frost; he also possessed a sense of the comic which is normally rare or absent in serious poets such as he and Richard Wilbur. Two of the following three poems are good examples of this. Thoreau once said, "The poet writes the history of his own body."

A NEW YEAR GREETING

for VASSILY YANOWSKY

On this day tradition allots
to taking stock of our lives,
my greetings to all of you, Yeasts,
Bacteria, Viruses,
Aerobics and Anaerobics:
A Very Happy New Year
to all for whom my ectoderm
is as Middle-Earth to me.

For creatures your size I offer
a free choice of habitat,
so settle yourselves in the zone
that suits you best, in the pools
of my pores or the tropical
forests of arm-pit and crotch,
in the deserts of my fore-arms,
or the cool woods of my scalp.

Build colonies: I will supply
adequate warmth and moisture,
the sebum and lipids you need,
on condition you never
do me annoy with your presence,
but behave as good guests should,
not rioting into acne
or athlete's-foot or a boil.

Does my inner weather affect
the surfaces where you live?
Do unpredictable changes
record my rocketing plunge
from fairs when the mind is in tift
and relevant thoughts occur
to fouls when nothing will happen
and no one calls and it rains.

I should like to think that I make
a not impossible world,
but an Eden it cannot be:
my games, my purposive acts,
may turn to catastrophes there.
If you were religious folk,
how would your dramas justify
unmerited suffering?

By what myths would your priests account
for the hurricanes that come
twice every twenty-four hours,
each time I dress or undress,
when, clinging to keratin rafts,
whole cities are swept away
to perish in space, or the Flood
that scalds to death when I bathe?

Then, sooner or later, will dawn
A Day of Apocalypse,
when my mantle suddenly turns
too cold, too rancid, for you,
appetising to predators
of a fiercer sort, and I
am stripped of excuse and nimbus,
a Past, subject to Judgement.

W. H. Auden

THE ART OF HEALING

IN MEMORIAM DAVID PROTETCH, M.D.

Most patients believe
dying is something they do,
not their physician,
that white-coated sage,
never to be imagined
naked or married.

Begotten by one,
I should know better. "Healing,"
Papa would tell me,
"is not a science,
but the intuitive art
of wooing Nature.

Plants, beasts, may react
according to the common
whim of their species,
but all humans have
prejudices of their own
which can't be foreseen.

To some, ill-health is
a way to be important,
others are stoics,
a few fanatics,
who won't feel happy until
they are cut open."

Warned by him to shun
the sadist, the nod-crafty,
and the fee-conscious,
I knew when we met,
I had found a consultant
who thought as he did,

yourself a victim
of medical engineers
and their arrogance,
when they atom-bombed
your sick pituitary
and over-killed it.

"Every sickness
is a musical problem,"
so said Novalis,
"and every cure
a musical solution":
You knew that also.

Not that in my case
you heard any shattering
discords to resolve:
to date my organs
still seem pretty sure of their
self-identity.

For my small ailments
you, who were mortally sick,
prescribed with success:
my major vices,
my mad addictions, you left
to my own conscience.

Was it your very
predicament that made me
sure I could trust you,
if I were dying,
to say so, not insult me
with soothing fictions?

Must diabetics
all contend with a nisus
to self-destruction?
One day you told me:
"It is only bad temper
that keeps me going."

But neither anger
nor lust are omnipotent,
nor should we even
want our friends to be
superhuman. Dear David,
dead one, rest in peace,

having been what all
doctors should be, but few are,
and, even when most
difficult, condign
of our biassed affection
and objective praise.

W. H. Auden

LINES TO DR. WALTER BIRK ON HIS RETIRING FROM GENERAL PRACTICE

When you first arrived in Kirchstetten, trains had
long been taken for granted, but electric
light was still a surprise and as yet no one
had seen a tractor.

To-day, after forty-five years, as you leave us,
autobahns are a must, mid-wives are banished,
and village doctors become museum pieces
like the horse-and-buggy.

I regret. The specialist has his function,
but, to him, we are merely banal examples of
what he knows all about. The healer I faith is
someone I've gossipped

and drunk with before I call him to touch me,
someone who admits how easy it is to misconster
what our bodies are trying to say, for each one
talks in a local

dialect of its own that can alter during
its lifetime. So children run high fevers on
slight provocation, while the organs of old men
suffer in silence.

When summer plumps again, our usual sparrows
will phip in the eaves of the patulous chestnuts
near your old home, but none will ask: "Is Doctor
Birk around to hear me?"

For nothing can happen to birds that has not
happened before: we though are beasts with a sense of
real occasion, of beginnings and endings,
which is the reason

we like to keep our clocks punctual as Nature's
never is. Seasons She has but no Calendar:
thus every year the strawberries ripen
and the autumn crocus

flares into blossom on unpredictable
dates. Such a *Schlamperei* cannot be allowed an
historian: with us it's a point of honor
to keep our birth-days

and wedding-days, to rejoice or to mourn, on
the right one. Henceforth, the First of October
shall be special for you and us, as the Once when
you quit the Public

Realm to private your ways and snudge in a quiet
you so deserve. Farewell, and do not wince at
our sick world: it is genuine in age to be
happily selfish.

W. H. Auden

No one who ever knew Dr. Merrill Moore (1903-1957) could possibly forget him: gravely dignified, yet warm; conscientious, physically tireless, thoughtful; possessed of an inexplicable gift of being (on the side of medicine) at the right place at the right time, as though he commanded an ESP more reliable than any doctor's electronic beeper. He was often a one-man ambulance. He lived a truly dual existence in poetry and psychology, died of cancer, and left in a few published books plus unpublished manuscripts the unbelievable quantity of 50,000 sonnets. Not 5,000 – 50,000! Who will rise to deny that this represents the greatest outpour of one man's verse in our, or any other, time? One of the founders of The Fugitive *at Vanderbilt University, 1924, Merrill had published several volumes of verse before the massive* M, *a book (quite obviously) of one thousand sonnets, appeared in 1938. This collection, like its predecessors, simply extended the range and reformation of an old and shopworn matrix of conventional fourteen lines. For Merrill truly gave the sonnet new life — and new length as well when it suited him. From the first, he was soundly championed by Louis Untermeyer — still the unacknowledged promoter of many poetic reputations numerically beyond, say, Frost, Robinson, Millay, Jeffers. ("More is thy due than more than all can pay.") Whatever else be said of him, Merrill breathed a sometimes awkward freedom into a traditional form; and more than a few thousand lines of what he jotted down in shorthand, wrote, typed, or simply dictated startle us even today with extraordinary insight, foresight, and power. It is not surprising that Merrill was a long-distance swimmer. Here are a few of his strokes not written in water.*

MEDICAL SELF TO POETICAL SELF

Where did you get your trouble? I gathered it
Off the tops of daisies as I walked
Through the tarnished meadowlands and talked
With gryphons and with sybils. Troubles fit
So neatly in my silly hand, you know.

What did you do with it then? I travelled far,
Visited the morning and the evening star,
Consulted them about it, and they said,
"Better not be born, better be dead
Than have so long and hard a way to go!"

Well, what became of it? How were you absolved
From all that trouble? O strange, strange that was!
The least distinct of all my memories;
It fell in the sea of morning and dissolved.

Merrill Moore

ONE LEARNS

How does one learn?
By waiting in libraries,
Or buying books at railway station stands.
One learns also by merely shaking hands
With enemies. One learns by hearing women
Tell the different ways of canning berries.
One learns by learning to be alone in crowds.
One learns by watching children build sand-castles.
One learns by watching the sun until it dazzles
The eager eyes that never see enough.
One learns by waiting in chairs in ante-rooms
Where other people wait to learn their dooms
In words that could not be called other than rough.
One learns by breathing and by holding one's breath.
One learns by tasting life and sampling death.

Merrill Moore

TO THE SICK IN WINTER

You'll feel better when the spring comes, you'll feel
Better when the spring comes, you'll feel better
When the spring comes, you'll feel better when the
Spring comes, you'll feel better when the spring comes,
You'll feel better when the spring comes, you'll feel
Better when the spring comes, you'll feel better
When the spring comes, you'll feel better when the
Spring comes, you'll feel better when the spring comes,

You'll feel better when the spring comes, you'll feel
Better when the spring comes, you'll feel better
When the spring comes, you'll feel better when the
Spring comes, you'll feel better when the spring comes,

You'll feel better when the spring comes, you'll feel
Better when the spring comes, you'll feel better.

Merrill Moore

FORCEPS DELIVERY

"Remember the curve of Carus as you go!"
Was all he said as he handed them to me,
And I took them, stopping only a moment to see
That they were in good shape, and I found they were.
The phone had rung no more than an hour ago,
And the street address they gave could not be far,
So I hurried toward it, wondering what I'd find,
With fears of every description crossing my mind.

Mother in labour; child stuck in the canal
A good many hours; waiting has become tense,
And nothing to do but try to recompense
A lack that Nature had caused, maybe in defense
Against so-called civilization, whatever that is —
The forceps work: The matter stands as is.

Merrill Moore

MAN: AN ORGAN

Sleep is an organ on which all the stops
But three are pulled; they are (1) respiration,
(2) the heartbeat, and sometimes (3) dreams.

The master Night, the organist, is playing
Now, and you the sleeping organ lie,
Snoring as you breathe; the harmony
Is obvious but beautiless; you try,
Dreaming as you try, to seraphize
The vault above the double windows, your eyes,
In the church, your heart; the buttresses and the props,
Your chin, ears, neck, are splendid; so the streams
Of breath (the people), flowing in consternation
In and out of the temple.
If all three
Stops should be pulled, that gives Death mastery.

Merrill Moore

INFECTION

The animalcules with hidden unheard cry
Assail the mucous membranes of the eye,
Invade the throat or skin, and penetrate
Into the caverns where they congregate;
The staph- and streptococcus, enzymes freed
Devour with lassitude, despoil with greed,
As vandals would the stolid statuary,
The masonry, the vaults, the architecture
Of cells within the cathedral of man's flesh.

And there as you begin to read this lecture
Their struggle ends; it is all over now.

The score? And would you ask? I tell you how
The factors were the cross-threads in the mesh:
The host, and the invader that made merry.

Merrill Moore

With the death of Ogden Nash (1902-1971) our nation lost a rare, magnificent, and enormously popular poet unique in his ability not only to amuse but to give satiric expression to our moribund social conscience; to sustain us in our dismal dustbowl dream that we as a nation shall continue to stay aloft in a leaky balloon. Ogden was a kind, considerate, modest, generous man, whose friendship was treasure in itself. He never won the Pulitzer prize, the Bollingen prize, a Congressional gold medal as did Robert Frost; nor was he honored by any great college or university here or in England where he became as well known, one may guess, as any poet laureate. Auden dedicated a book to him, and even imitated him in at least one of his poems. He could *be imitated, though never successfully. He was impossible to parody. His loss to us, in a time like this, for his solid commonsense alone, is like the loss of another Will Rogers. Ogden once received a letter, he told me, addressed simply to "Mr. Ogden Nash, U.S.A." He said he was saving the envelope for his grandchildren. Who can forget that he was a sizable factor in creating the early public image of the* New Yorker. *Not enough has been said about that. He was, by the way, one of the very few American writers listed in the British* Who's Who.

THE STRANGE CASE OF THE LUCRATIVE COMPROMISE

Some people are in favor of compromising, while other people to compromise are loath.
I cannot plump for either side, I think there is something to be said for both.
But enough of discussion, let us proceed to example,
Of which the experience of Porteous Burnham should be ample.
The infant Burnham was a prodigious phenomenon, a phenomenon truly prodigious,
His parents and teachers regarded him with awe verging on the religious.
His genius was twofold, it appeared to have no ceiling,
And it was directed toward the science of lexicography and the science of healing.
Anatomy and etymology were Pablum to the infant Burnham;
At the age of five he knew that people don't sit down on their sternum,
Although he would occasionally say so in jest,
Later explaining that the word derived from the Greek *sternon*, meaning chest.
At the age of twenty-one he was an M.D. and a D.Litt., but his career hung in the balance,
Because he couldn't choose between his talents,
Until one day he was approached by an advertising agency that had heard of his dual gift,
And to work out a compromise they made shift,
And now he is the one who thinks up those frightening pseudo-scientific
names for all the strange new ailments the consumer gets —
That is, if he uses some other sponsor's toothpaste or cigarettes;
And he makes a hundred thousand dollars a year, U.S. not Mexican,
Because the compromise landed him in a luxurious penthouse on Park
Avenue, which is midway between Medicine and Lexicon.

Ogden Nash

William Ernest Henley (1849-1903), a Gloucestershire man, was tubercular from childhood on. His Hospital Sketches *record his days in the Infirmary in Edinburgh, where he was a patient of Sir Joseph Lister. Louis Untermeyer says of Henley as a journalist: "As editor he was fearless, prejudiced, violent in preferences and antipathies, and always sincere." Known today largely for his one famous poem, "Invictus," or perhaps more accurately for its closing lines — "I am the master of my fate; / I am the captain of my soul." — he was parodied by Keith Preston: "I am the captain of my soul; / I rule it with stern joy; / And yet I think I had more fun, /* When I *was cabin boy." John Ciardi in his* How Does a Poem Mean? *calls "Invictus" "perhaps the most widely known bad poem in English, and certainly there is no trace in it of a technical flaw on which its badness could be blamed." Ciardi's argument is that "Henley is not really reacting from his own profoundest depths but that he is making some sort of over-dramatic speech about pessimism. There is a failure of character in the tone he has assumed." There is no failure in the tone of what follows.*

'THE CHIEF'

His brow spreads large and placid, and his eye
Is deep and bright, with steady looks that still.
Soft lines of tranquil thought his face fulfill —
His face at once benign and proud and shy.
If envy scout, if ignorance deny,
His faultless patience, his unyielding will,
Beautiful gentleness and splendid skill,
Innumerable gratitudes reply.
His wise, rare smile is sweet with certainties,
And seems in all his patients to compel
Such love and faith as failure cannot quell.
We hold him for another Herakles,
Battling with custom, prejudice, disease,
As once the son of Zeus with Death and Hell.

William Ernest Henley

No word is needed for Emily Dickinson (1830-1886). Her quiet, strong — often epigrammatic — style shows in these quatrains.

OPERATIONAL THINKING IS A RUTHLESS PROCESS

Surgeons must be very careful
When they take the knife!
Underneath their fine incisions
Stirs the culprit, — Life!

Emily Dickinson

FAITH IS A FINE INVENTION

Faith is a fine invention
For gentlemen who see;
But microscopes are prudent
In an emergency!

Emily Dickinson

The five verses of my own, scattered here and there, were not *inserted because of Mark Twain's shrewd advice: "Blow your own horn, lest it be not blown." One is here simply because I wrote it in 1935 after Dr. Charles B. Lund had removed my appendix at the MGH. "Convalescence" first appeared in the* New Yorker; *and the check paid for whatever anesthetic had been administered. "Positive-Negative" was originally used to brighten up a single page of* The Fabrick of Man, *my history (1963) of the first fifty years of the Peter Bent Brigham Hospital. It appears in the section devoted to what doctors refer to as "The Reading Room," which is really anything but that. "Waiting for Ether" is another MGH by-product; and the lone twin-atrics limerick I have taken from the* Journal of Pediatrics, *where its editor Dr. Clement Smith had kindly lodged it. "The Doctor," which concludes this consistory, first appeared in the* New England Journal of Medicine, *and then in* All Day Long, *a collection of verse for children.*

WAITING FOR ETHER

The sounds beyond grow dim,
And waiting here under cover
I seem to float on the rim
Of a white world turning over.

Something has stopped outside
My door, as a step less firm
Than mine was paused and shied,
Not wanting to share my germ.

The wheel-bed rolling in
Confirms in a cheerless way
The spiral yellow grin
Of a man who was there today.

A quick flight down the hall,
Then up one floor to stop:
And a loud burst through the wall,
And a cold crash out the top.

David McCord

James Kirkup, an English poet, born 1923, has taught in Japan and the Far East. His report on Japan and the Japanese in These Horned Islands *is delightful as well as shrewd and humorous writing: one of the best of travel books — of the excellent company of Tomlinson's* The Sea and the Jungle *and* Tidemarks; *of John Wood's* Cobbers *(Australia), Somerset Maugham's* The Gentleman in the Parlour; *and Freya Stark's journals of the Middle East. Kirkup's fine poem on a mitral stenosis operation seems to me all the more extraordinary after each reading. It should be sutured inside the curriculum where all young surgeons can find it.*

A CORRECT COMPASSION

Cleanly, sir, you went to the core of the matter.
Using the purest kind of wit, a balance of belief and art,
You with a curious nervous elegance laid bare
The root of life, and put your finger on its beating heart.

The glistening theatre swarms with eyes, and hands, and eyes.
On green-clothed tables, ranks of instruments transmit a sterile gleam.
The masks are on, and no unnecessary smile betrays
A certain tension, true concomitant of calm.

Here we communicate by looks, though words,
Too, are used, as in continuous historic present
You describe our observations and your deeds.
All gesture is reduced to its result, an instrument.

She who does not know she is a patient lies
Within a tent of green, and sleeps without a sound
Beneath the lamps, and the reflectors that devise
Illuminations probing the profoundest wound.

A calligraphic master, improvising, you invent
The first incision, and no poet's hesitation
Before his snow-blank page mars your intent:
The flowing stroke is drawn like an uncalculated inspiration.

A garland of flowers unfurls across the painted flesh.
With quick precision the arterial forceps click.
Yellow threads are knotted with a simple flourish.
Transfused, the blood preserves its rose, though it is sick.

Meters record the blood, measure heart-beats, control the breath.
Hieratic gesture: scalpel bares a creamy rib; with pincer knives
The bone quietly is clipped, and lifted out. Beneath,
The pink, black-mottled lung like a revolted creature heaves,

Collapses; as if by extra fingers is neatly held aside
By two ordinary egg-beaters, kitchen tools that curve
Like extraordinary hands. Heart, laid bare, silently beats. It can hide
No longer yet is not revealed. — 'A local anaesthetic in the cardiac nerve.'

Now, in firm hands that quiver with a careful strength
Your knife feels through the heart's transparent skin; at first,
Inside the pericardium, slit down half its length,
The heart, black-veined, swells like a fruit about to burst,

But goes on beating, love's poignant image bleeding at the dart
Of a more grievous passion, as a bird, dreaming of flight, sleeps on
Within its leafy cage. — 'It generally upsets the heart
A bit, though not unduly, when I make the first injection.'

Still, still the patient sleeps, and still the speaking heart is dumb.
The watchers breathe an air far sweeter, rarer than the room's.
The cold walls listen. Each in his own blood hears the drum
She hears, tented in green, unfathomable calms.

'I make a purse-string suture here, with a reserve
Suture, which I must make first, and deeper,
As a safeguard, should the other burst. In the cardiac nerve
I inject again a local anaesthetic. Could we have fresh towels to cover

All these adventitious ones. Now can you all see.
When I put my finger inside the valve, there may be a lot
Of blood, and it may come with quite a bang. But I let it flow,
In case there are any clots, to give the heart a good clean-out.

Now can you give me every bit of light you've got.'
We stand on the benches, peering over his shoulder.
The lamp's intensest rays are concentrated on an inmost heart.
Someone coughs. 'If you have to cough, you will do it outside this theatre.'
— 'Yes, sir.'

'How's she breathing, Doug.? Do you feel quite happy?' — 'Yes, fairly
Happy.' — 'Now. I am putting my finger in the opening of the valve.
I can only get the tip of my finger in. — It's gradually
Giving way. — I'm inside. — No clots. — I can feel the valve

Breathing freely now around my finger, and the heart working.
Not too much blood. It opened very nicely.
I should say that anatomically speaking
This is a perfect case. — Anatomically.

For of course, anatomy is not physiology.'
We find we breathe again, and hear the surgeon hum.
Outside, in the street, a car starts up. The heart regularly
Thunders. — 'I do not stitch up the pericardium.

It is not necessary.' — For this is imagination's other place,
Where only necessary things are done, with the supreme and grave
Dexterity that ignores technique; with proper grace
Informing a correct compassion, that performs its love, and makes it live.

James Kirkup

CONVALESCENCE

I. The Nurses

The not-too-near slip softly by
Until I close a practice eye,
And then with instinct known as mother
They try to help me close the other.

II. The Fever Chart

Like Plimsoll lines on British hulls
My chart of temperature and pulse
Hangs from the bed, shows what I drink
And how much farther I can sink.

III. The Bed

My bed will fold up where I fold,
And arch its back, if all be told.
Providing angles as I choose,
My profiles run to "W's."

IV. The Visitors

The nurse looks round my clinic screen:
It's Mr. Jones or Mrs. Green.
Somehow my social self recurs;
I speak from strange interiors.

V. The Flowers

In slow recuperative hours
I cede the function of the flowers.
O keep them cold and crowd them in;
Reward them all with aspirin.

VI. The Letters

Letters are comforting to get.
Yes, I regret what they regret.
And I re-greet my dear regretters
Livelier for Life & Letters.

VII. The Sneeze

I recommend for plain dis-ease
A good post-operandum sneeze;
You might as well be on the rack
When every stitch takes up its slack.

VIII. The Books

The books I have are made of lead —
They flatten me upon the bed.
A telegram is hard to hold:
Go easy on the Realms of Gold!

David McCord

Betty Billipp, born in 1924, now lives with her family in Jaffrey, New Hampshire. Mrs. Billipp's excellent light verse has appeared in many national magazines, including McCall's, Woman's Day; *and her first book,* Please Pass the Salt, *was published by the Windy Row Press in Peterborough, New Hampshire in 1974. She writes with great skill and has already made her place in the august company of Ogden Nash, Phyllis McGinley, Richard Armour, Morris Bishop, Irene Warsaw.*

HOW GREEN IS MY VIRUS

Sick, sick, Father is sick.
Call the Doc; make it quick.
Bring him liquids, change the sheet,
Cool his brow, warm his feet,
Pull the shades and bring a pill.
Say you *know* he's very ill.
Take his temp, watch his diet.
Muzzle kids; keep 'em quiet.
Then when he is strong and perk,
Send the darling back to work.
Ugh, ugh, Mom's caught the bug.
There she lies, limp as a rug.
Bring an aspirin and a cup;
She'll feel better when she's up.

Betty Billipp

Of all these poets, surely William Butler Yeats (1865–1939) needs no word of introduction.

A FRIEND'S ILLNESS

Sickness brought me this
Thought, in that scale of his:
Why should I be dismayed
Though flame had burned the whole
World, as it were a coal,
Now I have seen it weighed
Against a soul?

William Butler Yeats

LADY-PROBATIONER

Some three, or five, or seven, and thirty years;
A Roman nose; a dimpling double-chin;
Dark eyes and shy that, ignorant of sin,
Are yet acquainted, it would seem, with tears;
A comely shape; a slim, high-coloured hand,
Graced, rather oddly, with a signet ring;
A bashful air, becoming everything;
A well-bred silence always at command.
Her plain print gown, prim cap, and bright steel chain
Look out of place on her, and I remain
Absorbed in her as a in a pleasant mystery.
Quick, skilful, quiet, soft in speech and touch . . .
'Do you like nursing?' 'Yes, Sir, very much.'
Somehow, I rather think she has a history.

William Ernest Henley

STAFF-NURSE: NEW STYLE

Blue-eyed and bright of face but waning fast
Into the sere of virginal decay,
I view her as she enters, day by day,
As a sweet sunset almost overpast.
Kindly and calm, patrician to the last,
Superbly falls her gown of sober gray,
And on her chignon's elegant array
The plainest cap is somehow touched with caste.
She talks BEETHOVEN; frowns disapprobation
At BALZAC's name, sighs it at 'poor GEORGE SAND's';
Knows that she has exceeding pretty hands;
Speaks Latin with a right accentuation;
And gives at need (as one who understands)
Draught, counsel, diagnosis, exhortation.

William Ernest Henley

Dr. Hans Zinsser (1878-1940), sometime professor of bacteriology and immunology at the Harvard Medical School, remembered by the layman chiefly for his Rats, Lice, and History *(1935), once said that after this book appeared he was delighted by an invitation from London to speak at the Lyceum. Dr. Zinsser signed his poems "R.S." He was a good friend of Edward Weeks, long-time editor of the* Atlantic Monthly, *in the pages of which a number of Dr. Zinsser's poems first appeared. He was to diagnose his own fatal illness and meet his own tragic death with courage and serenity. We represent him here by three poems: the longest one "Loneliness," of profound human understanding, is notable for sentiment controlled; something which many a smart young modern poet will not risk and could not accomplish if he did.*

HUMANS

Aeons ago they scampered in the trees
And grubbed for juicy roots beneath the sod,
Their sole frustrations lively ticks and fleas;
They thought the lion's roar the voice of God.

Then, tragic creatures, they invented Sin,
Conceived the soul and lighted sacred fires,
Chaining the neolithic beast within;
Instead of fleas have unfulfilled desires.

Hans Zinsser

Walter de la Mare (1873-1956), surely England's leading lyric poet of this century, justly received both the Companion of Honour and the Order of Merit from the Queen. His best known and best loved poem, I suppose, is still "The Listeners;" but Come Hither *remains, in fair part because of its not only remarkable but absolutely enchanting notes, a classic in the enormous field of verse anthologies. Mr. de la Mare's collected poems fill a single volume of some thousand pages. One of the poems included is called "Hospital" – a bit too gloomy and too close to the Styx for comfort. The two which join the present company are quite different.*

DR. WILLIAM HARVEY

This mild geographer set not his mark
On unknown seas, lakes, rivers vast in flood;
He loved to ponder softly in the dark
The motions of man's blood.

In caves, delved out at Combe, he'd meditate.
'Crack-brained,' said some. 'Yes, childish, it appears.'
Alack, not even he could stimulate
In fools the circulation of ideas.

Walter de la Mare

The late Dr. Benjamin Miller (1907-1971) author of The Complete Medical Guide, *written for bewildered laymen, practiced his profession in Philadelphia. The Countway Library, through the kindness of Richard Wolfe and with the approval of Dr. Miller's widow, offered the* Bulletin *a choice of his many manuscript poems, some concerning medicine. It now seems likely that a small collection of Dr. Miller's poems in a wider range will soon be published. Unknown to the present editor, he was clearly a most sensitive and artistic human being.*

TO LIVE IN EAGERNESS AT SIXTY

To live in eagerness at sixty —
Like the quick-footed grocery
Boy singing at his first
Job, hoping in bright dreams to
Pilot his mother to the moon.

To live in awareness at sixty —
Like the lean, fine-muscled
High school boy, hair
Flying, one-handed curving his
Convertible into the mountain scene.

To live in passion at sixty —
Like at the threshold moment of
Adulthood's flaming moves,
Creative insights, towering
Projects jumping over the moon.

To live in hope at sixty —
Of leaving a bundle of brainy books,
A package of incandescent poems.
Something over and above my
Social security number.

Benjamin Miller

LIMERICK

Twin atrics are Pedi and Geri:
Quite different? Indeed they are — veri.
One works with the kids
On their do's, don'ts and dids,
T'other lurks by the Styx and the feri.

David McCord

Sir John Betjeman, born in 1906, was a contemporary at Oxford — at which he did not, I think, take his degree — of Auden and Louis MacNeice. Auden later wrote both warmly and admiringly of Betjeman in an introduction to a volume of the then future Poet Laureate's 1947 selected poems, Slick but Not Streamlined. *The title was Auden's. In this country, however, Betjeman seems to have few followers and admirers among young poets and critics. To explain his great popularity in England where his* Collected Poems *(1958) sold 1,000 copies a day for months, one must define him in our terms as an amalgam of Frost and Morris Bishop, based on William Cowper (fine poet but greater letter writer) whom the Poet Laureate openly admires. To me personally, Betjeman is a curious combination of Georgian, goliard, and surrealist as well as a gothic topophil. He is (in prose) a sympathetic and learned critic as well as the open lover of small English churches, run-down beaches, and the splendor of certain railway stations.* First and Last Loves *is an expression of his lower-case catholic taste in all of this. That he lacks popularity in America is certainly not the fault of the* New Yorker, *which published a large slice of his long autobiographical poem (1960) called* Summoned by Bells. *Indeed, this still remains, I believe, the longest single piece of poetry which that magazine has ever printed in its fifty-one year history. The humor of Betjeman contradicts his gaslit gothic qualities: real, quite modern, and never forced. If you don't know about Miss Joan Hunter Dunn, you have robbed yourself of one of the most memorable and major delights in modern light verse. In contrast, Betjeman's geriphobia (if there is such a word) crops up in several first-rate but rather morbid poems. A particular one about a hospital would have chilled these pages.*

BEFORE THE ANAESTHETIC *OR* A REAL FRIGHT

Intolerably sad, profound
St. Giles's bells are ringing round,
They bring the slanting summer rain
To tap the chestnut boughs again
Whose shadowy cave of rainy leaves
The gusty belfry-song receives.
Intolerably sad and true,
Victorian red and jewel blue,
The mellow bells are ringing round
And charge the evening light with sound,
And I look motionless from bed
On heavy trees and purple red
And hear the midland bricks and tiles
Throw back the bells of stone St. Giles,
Bells, ancient now as castle walls,
Now hard and new as pitchpine stalls.

Now full with help from ages past,
Now dull with death and hell at last.
Swing up! and give me hope of life,
Swing down! and plunge the surgeon's knife.
I, breathing for a moment, see
Death wing himself away from me
And think, as on this bed I lie,
Is it extinction when I die?
I move my limbs and use my sight;
Not yet, thank God, not yet the Night.
Oh better far those echoing hells
Half-threaten'd in the pealing bells
Than that this "I" should cease to be —
Come quickly, Lord, come quick to me.
St. Giles's bells are asking now
"And hast thou known the Lord hast thou?"
St. Giles's bells, they richly ring
"And was that Lord our Christ the King?"
St. Giles's bells they hear me call
I never knew the Lord at all.
Oh not in me your Saviour dwells
You ancient, rich St. Giles's bells.
Illuminated missals — spires —
Wide screens and decorated quires —

All these I loved, and on my knees
I thanked myself for knowing these
And watched the morning sunlight pass
Through richly stained Victorian glass
And in the colour-shafted air
I, kneeling, thought the Lord was there.
Now, lying in the gathering mist
I know that Lord did not exist;
Now, lest this "I" should cease to be,
Come, real Lord, come quick to me.
With every gust the chestnut sighs,
With every breath, a mortal dies;
The man who smiled alone, alone,
And went his journey on his own
With "Will you give my wife this letter,
In case, of course, I don't get better?"
Waits for his coffin lid to close
On waxen head and yellow toes.
Almighty Saviour, had I Faith
There'd be no fight with kindly Death.
Intolerably long and deep
St. Giles's bells swing on in sleep:
"But still you go from here alone"
Say all the bells about the Throne.

John Betjeman

I know nothing of Randolph Stow, born half a world away in 1935. His two verses from "Thailand Railway" — "Hands" and "Fever" — are taken from Australian Writing Today, *published (Penguin) in 1968. We know too little, I think, of the virility of contemporary Australian poetry: down under, out back; but not as yet quite front and center.*

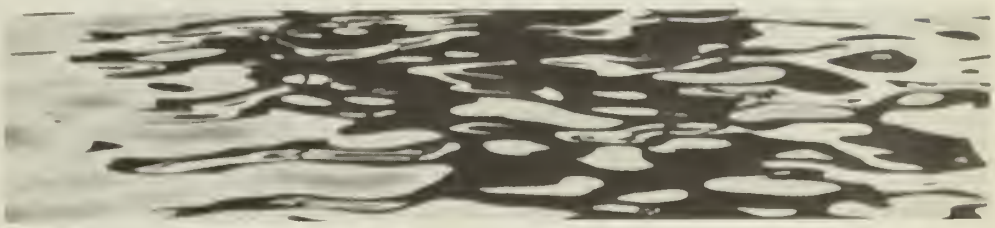
HANDS

Only hands are beautiful;
only hands are human;
hands raising water to dying lips,
doing the work of the dying.

Comforting. Cleaning filth from weakened bodies.
Bearing the dead to the bonfire.

Hands
I reach for you.

Randolph Stow



FEVER

Cool river,
bathe me and cleanse me,
my flesh like your lilies
and sweet my mouth.
I am Narcissus
(love me, lave me)
ferry me homeward:
flow south, flow south.

Dark ocean
and coral-forested
fish-crackling canyons
like fire in grass.
I am Leander
(love me, lave me)
part reefs and islands
and let me pass.

White combers,
gold sand in sunlight,
rock me to rest in
your stainless bay.
I am Ulysses
(love me, lave me)
and these scarred feet, O
whose feet are they?

Randolph Stow

L. E. Sissman (1928-1976) had made, in a very short span of years, a remarkable rise toward national recognition as a poet — a poet somewhat inclined toward the confessional side, but by no means altogether. Advertising man, a campaign aide to John F. Kennedy in 1952, he became creative vice-president of Quinn and Johnson (a Boston advertising firm) in 1972. He not only contributed poems to the New Yorker, *he was often its lead book reviewer; also a columnist on the* Atlantic Monthly. *He had held a Guggenheim Fellowship in 1968 and received a grant from the National Institute of Arts and Letters in 1969. His fourth book of poems is called* Innocent Bystander.

CANCER: A DREAM

1. INT.

After the morning shooting, I repair
To my makeshamble dressing room between
The stage and the backstage and the machine
For life support just outside, called a street
And also a location. Inside, air
Is fumed and darkened from a sightless age
Of cave-fish audiences goggling at
Alarms from the direction of the stage,
Now tarnished and festooned with cables. Rage,
Now torn to dated tatters, is replaced
By decorous muttering of a host of crews.
My blacked-out dressing room: a Bernhardt bed,
Swaddled in grubby cloth of gold, holds a
Late *levée* for a rabble of old props —
Drapes, swags, flats, hassocks, bunting, a malign
And lame old vanity with one short leg,
An easel with a bogus portrait of
Some doe-faced buck or beau, a cellarette
Dwarfed by a tottering stack of film cans —
Reclaimed to servitude as furniture.
I feel ungodly weak and sick for noon;
I undress shakily and lie me down
In dust on the vast desert of the bed.

2. INT.

Sound is a kind of pain to which all pain
Responds, as when the prompt boy knocks and calls,
And my insides reply in pain, and I
Sit up in my pyjamas and then stand
And make my way toward the toilet, and,
Returning through a ruinous anteroom
With sand upon the floor and masons' tools,
A length of cast-iron pipe, a dwarf sawhorse,
Discover on the floor, all befouled,
My blue-and-white pyjamas, the immemorial
Stench the pilots smelt in closed cockpits
Over the killing ground above Berlin.
I wash and dress. I walk like a whole man —
The captain on the bridge — to the next scene.

3. EXT.

A visiting fireman. The woman is introduced
By the second-unit man. I miss her name.
She looks familiar. Smokes her cigarette
In a long holder. Waves her hands a lot.
Talks in an accent. Russian. Sixty. Tall.
Not fat but solid. Some kind of beauty once.
Long catlike jawline under jowls. Stiff white
Straight hair tinted a shocking green. Green eyes,
And those not older than before. Nice legs.
Her character comes back. The wife of an
American avant-garde little-magazine
Editor, once a big bug, now passé.
Herself not quite passé — the author of
One book of verse that, less than moribund,
Keeps a fierce toehold on its shelf. Her name
Is Olga Verushkova, and she's here
(Returning to the moment) to research
A piece on movies. Walls of urban air
Weave a small room, made out of light and noise,
Around us and our small talk, which grows dark
And meaning. And, if I were still a man
Of any age, I'd know precisely what
To do when she quite lightly kisses me
Upon the lips and I respond by rote,
And she responds, and I, as if I had
A backbone for my keelson, and were not
Just a façade, a shield upon a stick,
Feel her electric zone impinge on mine
And hear her say, "I am obsessed with you,"
To her amazement, as I break the field
Of force forever, and turn soft away,
One stiffening hand left on her shoulder, and,
Shaking my head to throw the tears away,
Excuse the lateness of the shining hour.

4. EXT.

Dissolve. A rank of crew approaches me.
One tall girl, quite superb in her neat skirt
And modest sweater, looks up from her clip-
Board with gray eyes that will not ever age
And smiles professionally straight at me.
"You're wanted on Stage R. We're running late."
I turn to face the music. I awake.

5. INT.

And go now to the center of the stage
To execute a solo *pas de deux* —
The crab dance — on the black-and-white parquet
Under all eyes and lenses. Partner mine,
With your pink carapace coterminous
With mine, your hard two-fingered hands contained
In mine, your long legs telescoped inside
My legs, your entire *Geist* the work of my
Own brain, why do you lead me such a dance,
So painfully and clumsily drawn out
Of step with the macabre music of
The tiny chamber orchestra that winds,
Diminuendo, down to the last scratch
Of gut, like an old gramophone, leaving
The *premier* — and the only — *danseur* there,
Alone, supine upon the checkered floor,
Where lights — undamped, undimmed — burn on and on,
And eyes — undamped, undimmed — and lenses turn
To other scenes, fresh fields and pastures new,
As I sink into union with you?

L. E. Sissman

TWO SONNETS

I.

There is no tragedy in death unless
Ignobly met. You do not cringe to him.
Daily reslain by pain and weariness,
The body broken but the spirit grim,
You yield no compromise to fear; bereft
Even of solace for oblivion;
For, suffering, you doubt that God is left,
But crave the sweet compassion of His Son.

He whom the senseless savagery of pain
Taught love and courage, lays His hand across
Your eyes, and bids you feel again
The pity He felt, hanging from the Cross,
For men bewildered and condemned to face
The dreadful magnitudes of time and space.

II.

Now is Death merciful. He calls me hence
Gently, with friendly soothing of my fears
Of ugly age and feeble impotence
And cruel disintegration of slow years.
Nor does he leap upon me unaware
Like some wild beast that hungers for its prey,
But gives me kindly warning to prepare
Before I go, to kiss your tears away.

How sweet the summer! And the autumn shone
Late warmth within our hearts as in the sky,
Ripening rich harvests that our love had sown.
How good that ere the winter comes, I die!
Then, ageless, in your heart I'll come to rest
Serene and proud as when you loved me best.

Hans Zinsser

Ralph (pronounced Rayfe) Hodgson (1871-1962) was born in Yorkshire and died in Minerva, Ohio. He was and is best known for three poems: "The Bull," "Eve," and "The Song of Honour." Robert Frost praised few contemporary poems or poets in his long career, but "The Song of Honour" stood at the very head of those very few. And surely whoever has read "Time, you old gypsy man,/Will you not stay,/Put up your caravan/ Just for one day?" has not likely forgotten it.

THE RIDDLE

He told himself and he told his wife,
His boy and his dog the Facts of Life.
Guess who'd known them all along;
Guess who'd found them in a song;
Guess who knew he'd got them wrong.

Ralph Hodgson

I first met Walter Hard (1882-1966), now years ago, one late evening in Manchester, Vermont. I wanted something at the local drugstore, went in and found the only man present (he was then sixty-one) mopping up the floor. On one wall was a copy of Rockwell Kent's well-known painting of a deer bounding across the evening snow at the foot of Equinox mountain. I had never seen it before, made some remark about it, and the man and I fell quite easily into conversation. He clearly had an extraordinary knowledge of art and letters which in no way seemed in conflict with his handling of the mop. I made my purchase. But, as I was leaving, another customer came in and said to my new friend: "I meant to congratulate you, Walter, on your honorary degree from Williams." Walter? Walter who? A light came on, and when I was safely outside, I looked up at the drugstore sign. Sure and familiar enough: Walter Hard. That's how I came by this amusing poem from Walter Hard's Vermont.

MEDICAL AID

Doctor Bottom was preparing to leave
After a visit to the Sykes farm.
Sid Sykes was down with a cold and fever.
The Doctor wasn't sure just what
It might develop into,
So he instructed Mrs. Sykes to keep a close watch.
Since the farm was five miles from the village
He didn't want to come again that day.
He gave Mrs. Sykes a clinical thermometer
And told her to take Sid's temperature
Toward night, and then, if it showed a rise,
To call him on the party wire.
— If I don't hear from you, Mis' Sykes,
I'll come up in the morning.

Mrs. Sykes had never seen any thermometer
Except the faded one that hung
Outside the kitchen door.
It had taken her some time to understand
The Doctor's explanation,
And even then she was uncertain.

The next morning, after his village calls,
The Doctor drove out to the Sykes farm.
Having heard nothing he supposed all was well.
The door into the bedroom was open
And as the Doctor came into the sitting room
He could see that the bed was empty.
It was made up all fresh and smooth
And there was no sign of Sid or of anyone else.
Bewildered, he crossed the sitting room
And went into the kitchen.
There he heard the regular swish of a washing machine
And the uneven puff of the gasoline engine.

— Wall, as I was sayin'! Mrs. Sykes leaned against the tub,
— I ketched m'foot and dropped that glass tube.
Then I WAS in a pickle.
Then I recollected that round thing with a face on it
That them city boarders gave Sid.
It hed a tube like the one you gave me
Only I couldn't get the whole thing
Into Sid's mouth.
She wiped her face with her apron and went on.
— So I laid it onto Sid's chest.
'Twa'n't long afore that hand pinted t' "Very Dry."
I went down cellar and fetched up a pi'cher o' cider
And gave it t' Sid.
She waved her hand toward the meadow.
— And he's out there mowin' now.

Walter Hard

HEART TROUBLE

There was a deep significance attached,
As real as science and as true as God,

That hung it all together, that he watched;
Somewhere there was a scepter or a rod
Wielded, rex or lex, on which it all
Depended, was dependent, was reduced
To particles from the entire deduced;
Somewhere a curtain that would have to fall
And uncover all where now it covered all.

He felt, he watched — a deep significance
He did not know lay in between these two
Facts:
        a heavy burden on the heart
Of Mr. Z allowed him to depart
This life quite suddenly, and not by chance.

Merrill Moore

BREAST CANCER SPREAD DUE TO FEAR AND NEGLECT

Mr. Eisenzücker sat and stared.
"Yes," the city surgeon told him, "possibly
She may live some months, but she will be
No better. It is just as I had feared —
Spread to the armpit; and when it gets there
We do our best, but, often we find
It scattered too far (we are of that mind),
Too far to do much for — yes, there are things
For us to do, and we will; but it brings
Little or no result; and since you care,
We'll use the X-ray."
                Then Mr. Eisenzücker
Remembered how a year ago he took her
To the home doctor who said a lump could be
Felt there then, but she wouldn't be cured by surgery.

Merrill Moore

DR. VOGT, TONIGHT, IS PERHAPS STUDYING. . .

In the Magdeburgstrasse in Berlin
Alone in his laboratory (it is night)
Sits Vogt, his keen eyes peering through a tube
With lenses on both ends, his microscope . . .

Vogt sits peering (students come to him
While the world turns, the seasons change, men war).
Vogt sits, studies silently and waits,
Repeating it all intelligently again . . .

Of what he studies (the cortex of the brain)
Little, less than little, is clearly known;
But he knows that and struggles on alone,
Leading the rest who follow,
and tonight

Vogt sits trying to correlate a brain
With the life of the man it once controlled,
Lenin . . .

Merrill Moore

HERMAN LOVEMAN, M.D. (1853-1886)

As tacitly as we accept the rain,
He said, "I have a tumor of the brain
And must go to Vienna." He went there.

They, "We localize it, but do not dare
To explore." So patiently he turned;
The fire of headache flared, then lightly burned.

His friends were vague, forgotten, and his youth
A distant tale — might not have been the truth.
He was in Chattanooga when it started.
That was before the days of Cushing's skill.
Remembering Lookout Mountain, Cameron Hill,
He stopped a while in Switzerland, then departed
for France, but died alone and suddenly
At Ragatz, the last place he dreamed to be.

Merrill Moore

LIFE AND DEATH

Yes, if I get it all out, you will be
As well a man as ever and as free.
But if I leave one of the seeds of death
Your days will be measured and your breath.
Yes, if the stitches hold that I will take
You will recover, should the wound not break.
If the bone heal you may go again,
Plod in the sun, walk out in the rain.

But if not, oh, another senseless tale
That cannot be told man and he not quail;
Otherwise, it makes a different end,
And Charon soon will come to be your friend —
You will parade a street that knows no dust,
See polished metal that will never rust!

Merrill Moore

THE COTTAGE HOSPITAL

At the end of a long-walled garden
in a red provincial town,
A brick path led to a mulberry
scanty grass at its feet.
I lay under blackening branches
where the mulberry leaves hung down
Sheltering ruby fruit globes
from a Sunday-tea-time heat.
Apple and plum espaliers
basked upon bricks of brown;
The air was swimming with insects,
and children played in the street.

Out of this bright intentness
into the mulberry shade
Musca domestica (housefly)
swung from the August light
Slap into slithery rigging
by the waiting spider made
Which spun the lithe elastic
till the fly was shrouded tight.
Down came the hairy talons
and horrible poison blade
And none of the garden noticed
that fizzing, hopeless fight.

Say in what Cottage Hospital
whose pale green walls resound
With the tap upon polished parquet
of inflexible nurses' feet
Shall I myself be lying
when they range the screens around?
And say shall I groan in dying,
as I twist the sweaty sheet?
Or gasp for breath uncrying,
as I feel my senses drown'd
While the air is swimming with insects
and children play in the street?

John Betjeman

TO A SCIENTIST WHO SHOULD BECOME PLUMBER OR PERHAPS SHOOT HIMSELF IF HE IS NOT HANDY WITH A WRENCH

Some cannot abide the
Terrible rigors of our trade.
Publish or Perish they say.
If this be so, Sir, I
Prefer to die an honourable death.
Not he. Data can be stretched like an
accordion and even played in various tunes.

Benjamin Miller

Two brief examples of the poetic side of materia medica *are taken from the present editor's* What Cheer, *an anthology of British and American humorous verse which first appeared in 1945; later enlarged for* The Modern Library, *now out of print.*

ON OCULISTS

"The oculist prescribes me spectacles,"
He says: "I hope the advice is sound." I think
A man as well might visit the Six Bells
And ask mine host if throat should have a drink.

Sir John C. Squire

TWO HEADS ARE BETTER THAN ONE

See, one physician, like a sculler, plies,
The patient lingers and by inches dies.
But two physicians, like a pair of oars,
Waft him more swiftly to the Stygian shores.

Joseph Jekyll

BONES

Said Mr. Smith, 'I really cannot
Tell you, Dr. Jones —
The most peculiar pain I'm in —
I think it's in my *bones.*'

Said Dr. Jones, 'Oh, Mr. Smith,
That's nothing. Without doubt
We have a simple cure for that;
It is to take them out.'

He laid forthwith poor Mr. Smith
Close-clamped upon the table,
And, cold as stone, took out his bones
As fast as he was able.

And Smith said, 'Thank you, thank you, *thank* you,'
And wished him a Good-day;
And with his parcel 'neath his arm
He slowly moved away.

Walter de la Mare

The kinetic light verse of Richard Armour, published in almost every magazine you have ever read, is widely and cherishably known — as are his popular books in hilarious prose: all of them placer-mined out of the same rich California hillside which yielded It All Started with Columbus *(1953). Sure-footed master of the couplet and rhymed quatrain in particular, R.A. (born in 1906) is the only other poet here represented whose productivity, measured in metric units of thousands, approaches that of the late Dr. Merrill Moore. Richard Armour: Harvard Ph.D., Coleridge scholar, teacher, dean, professor, lecturer, decorated colonel in the Air Force, looms as large to me as* The Wall Street Journal *itself, where he still hangs round quite frequently in the lower left-hand corner of the editorial page. (Look for him there.) And in case you have forgotten, it is he who wrote the immortal inscription for a fly swatter:*

The hand is quicker than the eye is,
But somewhat slower than the fly is.

IDEAL PATIENT

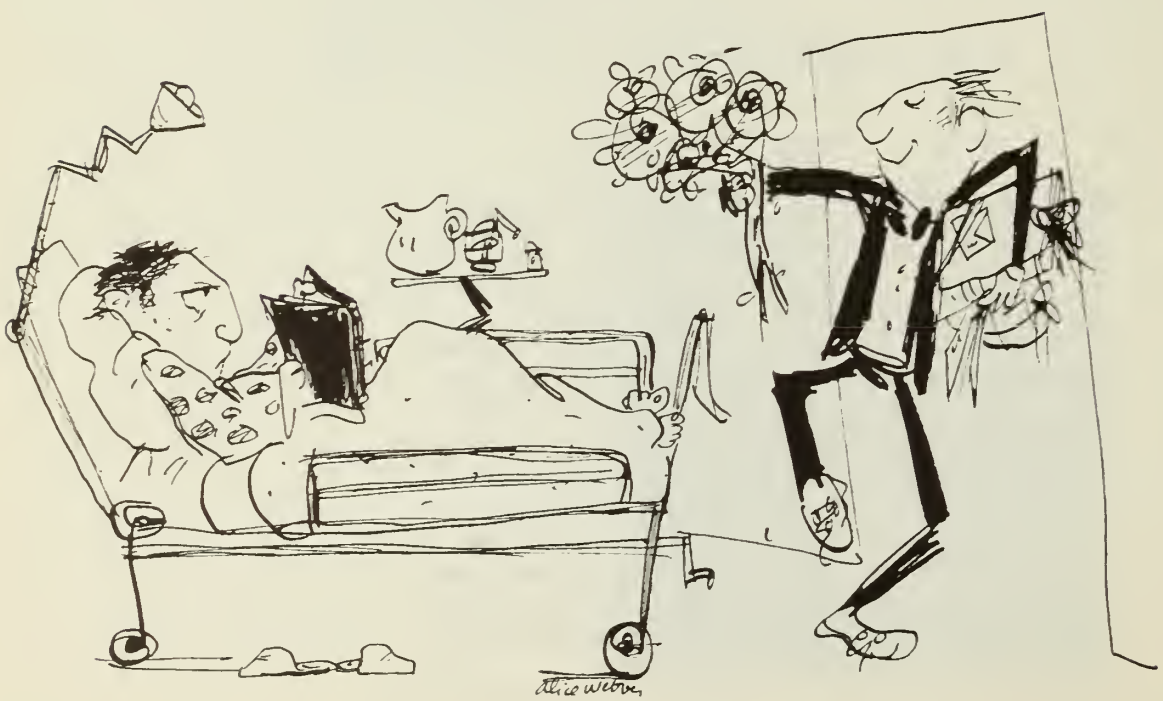
The perfect patient let us praise:
He's never sick on Saturdays,
In fact this wondrous, welcome wight
Is also never sick at night.
In waiting rooms he does not burn
But gladly sits and waits his turn,
And even, I have heard it said,
Begs others, "Please, go on ahead."
He takes advice, he does as told,
He has a heart of solid gold.
He pays his bills, without a fail,
In cash, or by the same day's mail.
He has but one small fault I'd list:
He doesn't (what a shame!) exist.

Richard Armour

VISITORS LAUGH AT LOCKSMITHS
OR, HOSPITAL DOORS HAVEN'T GOT LOCKS ANYHOW

Something I should like to know is, which would everybody rather not do:
Be well and visit an unwell friend in the hospital, or be unwell in the hospital
and have a well friend visit you?
Take the sight of a visitor trying to entertain a patient or a patient trying to
entertain a visitor,
It would bring joy to the heart of the Grand Inquisitor.
The patient either is too ailing to talk or is panting to get back to the chapter
where the elderly spinster is just about to reveal to the Inspector that
she now thinks she can identify the second voice in that doom-
drenched quarrel,
And the visitor either has never had anything to say to the patient anyway or
is wondering how soon it would be all right to depart for Belmont or
Santa Anita or Laurel,
And besides, even if both parties have ordinarily much to discuss and are far
from conversational mediocrities,
Why, the austere hygienic surroundings and the lack of ashtrays would stunt
a dialogue between Madame de Staël and Socrates,
And besides, even if anybody did get to chatting glitteringly and gaudily,
They would soon be interrupted by the arrival of a nurse or an orderly.
It is a fact that I must chronicle with distress
That the repartee reaches its climax when the visitor finally spots the handle
on the foot of the bed and cranks the patient's knees up and down and
says, That certainly is ingenious, and the patient answers Yes.
How many times a day do I finger my pulse and display my tongue to the
mirror while waiting for the decision to jell:
Whether to ignore my host of disquieting symptoms and have to spend my
days visiting friends who have surrendered to theirs, or to surrender to
my own and spend my days being visited by friends who are thereby
being punished for being well.

Ogden Nash



Professor Earnest Hooton (1887-1954), the Harvard anthropologist, used to floodlight occasional footnotes in his professional writing with brief snatches of truly professional light verse. These lively fragments were assigned, as I remember it, to authors with unlikely names entombed in non-existing universities. But one warm day in July 1942 Professor Hooton came out into the open with this peroration of his address to the graduating class of dental hygienists at the Forsyth Dental Infirmary in Boston. Earnest used to say that physically he was made of spare parts; spare primate parts, thought some of us! His quizzical upturned look, followed by short pleistocene grunts of satisfaction when he had said something extremely funny, were standard equipment. Did you ever play golf with Professor Hooton? You didn't play with *him; you played* at *him.*

ODE TO A DENTAL HYGIENIST

Hygienist, in your dental chair
I sit without a single care,
Except when tickled by your hair.
I know that when you grab the drills
I need not fear the pain that kills.
You merely make my molars clean
With pumice doped with wintergreen.
So I lean back in calm reflection,
With close-up views of your complexion,
And taste the flavor of your thumbs
While you massage my flabby gums.
To me no woman can be smarter
Than she who scales away my tartar,
And none more fitted for my bride
Than one who knows me from inside.
At least as far as she has gotten
She sees how much of me is rotten.

Earnest Hooton

The next verse was first recited to me by my surgeon friend — a classicist, incidentally — the late Dr. Fred B. Lund. He said that he *heard it recited some decades ago by a Mr. Schlesinger, a young London surgeon who was then visiting Boston. Mr. Schlesinger is presumably the author. It is on Dr. Lund's original responsibility that I republish the verse, glad of the chance to honor its grace and felicity. I only wish that I knew the author's whole name and could thank him for a courtesy which I trust he would grant. How much I admire "How I regret the changes taking place. . . ."*

TO THE PAROTID GLAND

O dainty gland, whose lobulated grace
Adorns in health, unnoticed, my zygoma,
How I regret the changes taking place
Within your fair parenchyma and stroma.

Well you performed your lubricating mission;
Helped me to chew the bitter with the sweet.
How I regret the laudable ambition,
Born as you watched the passers on the street!

Never, you swore, should British-bred parotid
Yield to a Yankee gland the premier place,
And holding to that thought, when once you'd got it,
Straightway you started swelling on my face.

But O, ye Gods! Why should I have to suffer?
Why should my temperature mount, bit by bit?
Just because you, you patriotic duffer,
Wanted to teach the Yankees how to spit!

Anonymous

BEFORE

Behold me waiting — waiting for the knife.
A little while, and at a leap I storm
The thick, sweet mystery of chloroform,
The drunken dark, the little death-in-life.
The gods are good to me: I have no wife,
No innocent child, to think of as I near
The fateful minute; nothing all-too dear
Unmans me for my bout of passive strife.
Yet am I tremulous and a trifle sick,
And, face to face with chance, I shrink a little:
My hopes are strong, my will is something weak.
Here comes the basket? Thank you. I am ready.
But, gentlemen my porters, life is brittle:
You carry Caesar and his fortunes — steady!

William Ernest Henley

DISCHARGED

Carry me out
Into the wind and the sunshine,
Into the beautiful world.

O, the wonder, the spell of the streets!
The stature and strength of the horses,
The rustle and echo of footfalls,
The flat roar and rattle of wheels!
A swift tram floats huge on us . . .
It's a dream?
The smell of the mud in my nostrils
Blows brave — like a breath of the sea!

As of old,
Ambulant, undulant drapery,
Vaguely and strangely provocative,
Flutters and beckons. O, yonder —
Is it? — the gleam of a stocking!
Sudden, a spire
Wedged in the mist! O, the houses,
The long lines of lofty, grey houses,
Cross-hatched with shadow and light!
These are the streets . . .
Each is an avenue leading
Whither I will!

Free . . .!
Dizzy, hysterical, faint,
I sit, and the carriage rolls on with me
Into the wonderful world.

William Ernest Henley

POSITIVE-NEGATIVE

To make a plotomy
For my lobotomy
They took a shotomy,
Though all they gotomy
Was not a lotomy
But just a clotomy
In this one spotomy —
The real wotswotomy.

David McCord

William Carlos Williams (1883-1963): to most of us a poet widely known but not even yet sufficiently appreciated. What surprises me still in Williams — surely one of the prime shapers as well as one of the makers of what we loosely call free verse — is the subtlety of the inner evolving form within the now familiar shapeless caul of the poem itself. He can diagnose, treat, and cure a poem even as you read it. His lines have a certain vascular coloring, as in "Metric Brightness" and the famous "The Red Wheelbarrow." But here is the doctor in him speaking directly to us.

COMPLAINT

They call me and I go.
It is a frozen road
past midnight, a dust
of snow caught
in the rigid wheeltracks.
The door opens.
I smile, enter and
shake off the cold.
Here is a great woman
on her side in the bed.
She is sick,
perhaps vomiting,
perhaps laboring
to give birth to
a tenth child. Joy! Joy!
Night is a room
darkened for lovers,
through the jalousies the sun
has sent one gold needle!
I pick the hair from her eyes
and watch her misery
with compassion.

William Carlos Williams

LONELINESS

Through the long corridors of my memory I hear
your footsteps
Coming and going and coming again and receding.
And finally I wonder whether I still hear them, and
then they are completely gone.
And I sit in the changed room alone alive with the
gentle sound of your voice;
And sunlight from the window falls on the chair
where you sat smiling at me.
And when I stretch out my hand there is no other-
hand to take it, and the clock keeps ticking in
time with my heart.
The flowers in the glass are dry and a leaf falls from
the tremor of my arms on the table.
And the afternoon grows into dusk and dusk into
evening and evening into the long night.
And tomorrow is another empty day — another
empty day lengthens into empty years and
I will still listen for the footsteps that I know I shall
not hear.
I will leave the empty room and slam the door.
But I will open it again — knowing you are not there
— but still looking once more to make sure.

Hans Zinsser

*Piet Hein, born 1905, studied philosophy and theoretical physics at Denmark's Copenhagen University, which is all I know of him, except for the fact that he began writing grooks in Danish (*gruk *is a name of his own invention) during the Nazi occupation when he was in hiding as a resistance leader.* Grooks *was originally published by the M.I.T. Press. The verses are illustrated by Piet Hein's true surrogate, Jens Arup. "Grooks," so far as technique is concerned, join the select company of several minor verse forms: the clerihew, double dactyl, and the cinquain. In a very different area Piet Hein is known as the author of the superellipse — the rectangular oval used in the new Stockholm city center.*

MY FAITH IN DOCTORS

My faith in doctors
is immense.
Just one thing spoils it:
their pretense
of authorized
omniscience.

Piet Hein

TELEPATHIST

Beyond intuition's gypsy realms
Beyond palmist's lined pathways
Beyond doctor's prognostic skills
Lies the telepathist's flashing maze.

Unknown magnetic waves vibrate
on full oceans of force and field
Striking with shouting voices
One golden grain in harvest yield.

Benjamin Miller

BIRTH OF A POEM

The steady smooth flow of words
Stops at line twelve with
Finality that drains me of the
Poet's phrase, leaving me suddenly

Limp, lifeless, like a woman
Spent after childbirth. Gasping.
Calling for the strength to
Deliver the twin child that

Tries, too, for life in print,
Calling, begging, asking for a
Hearing. It, too, begs the
Loud cry, awaits the spanked bottom.

Benjamin Miller

Peter Davison, born in 1928, A.B. Harvard 1949, sometime Fulbright Scholar at Cambridge University, is the much respected poetry editor of the Atlantic Monthly *as well as director for the past twelve years of the Atlantic Monthly Press. In 1963 his first book of poems won the Yale Series of Younger Poets prize; his latest one is called* Walking the Boundaries. *In 1972 he received a grant from the National Institute of Arts and Letters. It is he who chose for us the L. E. Sissman poem.*

FINALE: PRESTO

"I think I'm going to die," I tried to say.
My husband, standing over the bed, labored
To hear words in the sounds as they emerged.
He shook his head as briskly as a dog
Taking its first steps on land, and acted deaf
To the words he knew he might have heard me speak.
Throughout this evil month I've said the same
To every visitor. It comes out gibberish.
The night nurse, hiding in my room to smoke,
My daughter, prattling anxiously of clothes,
My son, weary from four hundred miles
Of travel every weekend — all escape
By smiling, talking, plumping up my pillows.
I wrack myself to utter any word;
They reply, "Dear, I cannot understand you."
If I could move this hand, this leg, I'd write
Or stamp a fury on the sterile floor.
I'd act the eagle. I, who winced at death
If the neighbor's second cousin passed at ninety,
Who bore an ounce of pain so awkwardly
It might have been a ton, who fed myself
With visions of good order in a future
Near enough to reach for — I am cumbered
With armlessness, with leglessness, with silence.
To say the word so anyone could hear it!

Death, do you hear me, death? The room is empty.
Only the one word now, hearers or no.
I batter at it with convulsive shouts
That resonate like lead. Again. And now—
Listen — it rings out like a miracle.
No one stands near. The corridor is dark.
"Death." I sing the lovely word again,
And footsteps start to chatter down the hall
Towards my bed. Smiling at every sound,
I see that no one can arrive in time,
And I, emptying like water from a jug,
Will be poured out before a hand can right me.
That word raised echoes of a halleluia.
Death, do you hear me singing in your key?

Peter Davison

THE DOCTOR

When the doctor comes
he always hums
Ta-dee, ta-diddle-doo;
which means a lot —
"Well, what have you got?"
"Hello!" or "How are *you*?"

His bag is black,
I'm on my back.
Ta-dee, ta-diddle-o:
His stethoscope
will get the dope
on how things are below.

He hums his "Young
man, how's that tongue?"
Ta-dee, ta-diddle-dee:
I stick it out.
His hum's about
like language now to me.

With a snappy shake
(don't thermometers break?)
Ta-dee, ta-diddle-die:
he sticks it in
as I try to grin;
but he hums "Be quiet!" My,

what a hum-drum hum
if results are bum,
what tiddles and tas if slick.
Humming under his breath,
is he scared to death
of mumps? The hum goes quick

to a fast pulse. Oh,
but it idles slow
while fingers probe the jaw
for glands just not
I forget just what.
The throat? "Say ah-h-h, not *aw-w-w*!"

breaks *dee-diddle-doo*
right smack in two;
and he generally adds, "Now, rest!"
when he goes. When he's gone,
though, his hum hangs on
in the stuff in the medicine chest.

David McCord

HARVARD MEDICAL SCHOOL ANNOUNCES

The William O. Moseley, Jr. Travelling Fellowship

THE BEQUEST OF JULIA M. MOSELEY MAKES AVAILABLE FELLOWSHIP FUNDS FOR GRADUATES OF THE HARVARD MEDICAL SCHOOL FOR POSTDOCTORAL STUDY IN EUROPE.

In considering candidates for the Moseley Travelling Fellowship, the Committee on Fellowships in the Medical School will give preference to those Harvard Medical School graduates who have —

1. **Already demonstrated their ability to make original contributions to knowledge.**
2. **Planned a program of study which in the Committee's opinion will contribute significantly to their development as teachers and scholars.**
3. **Clearly plan to devote themselves to careers in academic medicine and the medical sciences.**
4. **Individuals who have already attained Faculty rank at Harvard or elsewhere will not ordinarily be eligible for these awards.**

The Committee has voted that within the funds available the amounts awarded for stipend and travelling expenses will be determined by the specific needs of the individual.

There is no specific due date for the receipt of applications or for the beginning date of Awards except that the Committee requests that applications not be submitted more than 12 months in advance of the requested beginning date and in any event not later than December 31 of any calendar year. The Committee will meet once a year in January to review all applications on file. Applicants will be notified of the decision of the Committee by January 31.

Application forms may be obtained from, and completed applications should be returned to:

Secretary, Committee on Fellowships in the Medical School
Harvard Medical School
25 Shattuck Street, Boston, Massachusetts 02115

Letters

Dr. Davis, minorities and academic standards

Although myself critical of Bernard Davis's approach to the issue, I am moved by your rather one-sided presentation of the recent controversy to say some words in his defense.

Dr. Davis has at times antagonized people by his sharp style of discourse, whatever the issue. In long acquaintance, however, I have not known him to employ race or social origin in his evaluation of an individual. His stance against unfair discrimination is evident in his many years of service on the advisory board of the Civil Liberties Union of Massachusetts. I believe that his criticism on the status of academic standards in medical schools stems from an objection on principle to the quota approach, and not to the groups this policy presently favors.

Porter Anderson, M.D.
Associate Professor, Department of Microbiology and Molecular Genetics

The account in the *Harvard Medical Alumni Bulletin* of the controversy involving Bernard Davis struck me as a biased recital of the facts. It misrepresents what he actually said, and omits statements of his that are critical in a dispassionate appraisal of the issue. Members of other faculties have stated that it is only too obvious that we have been compromising with quality. Davis had a clear right to raise the question because sooner or later it cannot escape being asked and faced honestly. Instead, he has been put down because he does not share other people's scruples on what is and what is not appropriate for public discussion. The issue of freedom of discussion in a university is not well served by this kind of journalism.

Jacob Fine '24

The Harvard response to Dr. Davis's editorial poses a grave challenge to the principle of academic freedom. However well-intentioned, this response has created a strong impression that criticism of the minority program will expose a faculty member to defamation, malicious misinterpretation, false charges and actual or implied threats from official as well as unofficial sources. In the wake of this incident, it seems likely that faculty members who have doubts about the minority program will find it prudent to remain silent.

Because of that, Harvard's actions, meant to strengthen public confidence in minority Harvard M.D.'s, have instead invited the inference that the minority program at Harvard survives by intimidation of potential critics.

On any other aspect of academic affairs, a faculty member might be thought to have not merely the right but the duty to express himself as Dr. Davis has. For doing so, however, Dr. Davis has been flogged through the fleet, so to speak, in a Dean's letter to 118 medical schools, with the preclinical chairmen and Faculty Council in attendance as witnesses. Such treatment of a faculty member, amounting to official censure without due process, places the whole faculty by implication in a status of vassalage.

The facts lend themselves, in short, to the following interpretations: Harvard has attacked academic freedom, created grounds for doubting the objectivity of its academic standards for minority students, done inexcusable personal injury to one individual, violated due process and degraded its faculty. Such results were surely not intended; but a burden now lies upon Harvard to disprove these interpretations.

C. D. Thron '59

It is my personal impression, and I think I am informed, that Dr. Davis is just as enthusiastic in supporting qualified minority students, as anyone else in medical education. His warning about academic standards is something that has had to be repeated and urged upon medical faculties for generations, beginning with Abraham Flexner. A large class, with many students of quite different backgrounds, simply makes it harder for a faculty to thoroughly know and appraise each student. This is an important challenge, which medical faculty must accept, if only because it does no service to the individual nor to the public to award a medical degree to someone who is not able to meet the responsibilities involved. There is no more unhappy person than an individual who has been placed in a position of responsibility which he is not capable of meeting. This is the message which I think every impartial reader gets from Dr. Davis's original contribution.

J. Englebert Dunphy '33

Professor Bernard Davis, as those who know him ought to know, is not a racist. He is a man of the clearest intellectual and moral integrity whose motives deserve only the most honorable interpretation.

Did his *New England Journal* "Sounding Board" largely reflect views supported by the faculty? What did the original faculty report and resolutions say? Is it possible that many who accepted them now willingly let pass outrageous interpretations of his article so that he can serve as their lightning rod?

Paul Plotz '63

Much controversy has resulted from Dr. Bernard Davis's guest editorial in the *New England Journal of Medicine* as well as from his interview with Dr. Lawrence Altman in the *New York Times* — both published on May 13, 1976. Our purpose is not to personally

attack Dr. Bernard Davis; to do so would be fruitless if not misdirected, for he only mirrors the tenets and values rampant in American society. It is a subset of these societal tenets and values that we attack.

In these articles, Dr. Davis alleged that the admissions credentials, academic achievement and ultimate clinical performance of Third World Students were "substandard." Without a shred of evidence he further implied that some of us may leave "a swath of unnecessary deaths behind" us. In a country where racial equality is far less than a reality, in a city foaming at its core with racism, such derogatory comments from a Harvard professor were added fuel to an already blazing fire of racism and bitterness. As an immediate aftermath, many patients denied minority students the opportunity to interview and examine them, jeeringly quoting Davis's comments. Though these events were particularly prevalent in the Boston hospitals, similar events occurred throughout the nation. Not limited to medical students, these comments affected the physician-patient relationships of minority residents and staff physicians as well.

We feel both anger and sadness over these unnecessarily humiliating and dehumanizing incidents. Imagine how our colleagues who endured these acts must have felt: the feelings of emptiness, of not belonging, of despair, of wanting to evaporate and reappear in a new life, in a new place, among people sensitive enough to show respect to other human beings. We are bewildered as to why this unjust treatment continues to be thrust upon us. What crime have we committed? Was it our desire for a medical education? Was it our feeling of commitment to serve communities crying to perennially deaf ears for medical care? Is it the sound of our names? Is it our blackness or our brownness or our yellowness or our redness? When does our academic freedom begin — that same academic freedom and even that freedom of "life, liberty and pursuit of happiness" denied us for hundreds of years. Despicable, vile, invidious, even hideous are these continued abuses.

The availability of a medical education should be an unchallenged right. For minorities it is not only a right but a necessity, lest our communities continue to be subjected to certain "substandard" and ofttimes unethical medical care. To dramatize this position we submit these facts.

The well-known Tuskegee Study is a prototype of a list of similar atrocities. Almost as outrageous were the tubal ligations of black teenage women in Montgomery, Alabama without consent of either the patients or their parents. Further, on June 3, 1974, in Uniontown, Alabama, a white physician removed freshly sewn stitches from the arm of a thirteen year old black child who was unable to pay the twenty-five dollar fee. In regard to health statistics, blacks are subjected to the ravages of hypertension at a rate three to four times the rate of whites. Even more devastating is the fact that black families are robbed of their infants at a rate more than twice the rate for whites. The average life expectancy of blacks is about seven years less than that for whites. This is merely a sample of the most publicized atrocities, the very tip of the iceberg.

Yet minority physicians are less than two percent of the physician force in this country. In 1974 only about eight per cent of medical students were Third World people, although Third World people comprise over twenty per cent of the US population. Under the guise of so-called "reverse discrimination," the number of first-year Third World students declined from 1473 in 1974 to 1391 in 1975 according to the AAMC, despite an increase of 614 in majority student enrollment. Still, certain individuals claim that minority students are being admitted at the expense of majority students.

Confucius, a famed Third World philosopher, summed up the four fundamental virtues of humanity as humaneness, righteousness, propriety and wisdom. These can be restated as natural human feeling for others, commitment to the common good, respect for social and religious form, and education. Certain of these virtues appear to be on the decline in the medical profession. Those of us who feel strongly about the principles upon which society is based should not allow such a decline in these attributes in the medical profession.

We are deeply committed to both academic excellence and high ethical values. To do less would cheat not only the profession, but also the communities we cherish so warmly, of the highest possible quality of medical care.

The Harvard Medical School should maintain and strengthen its commitment and leadership role in meeting the challenge of equity of access to higher education and the learned professions, and equity of access to quality medical care for all people, and thus realize the *true* meaning of *Veritas*.

Phillip R. Pittman '77
Chairman, The Third World Caucus

A new idea in fund-raising

The following letter — along with a substantial check — was received by J. Englebert Dunphy '33, former Alumni Council president, in response to a fund-raising letter for the renovation of Vanderbilt Hall.

I'm right with you in your drive to rescue Vanderbilt Hall. But I think you are sending your letters to the wrong people. By now most of our classmates are either dead or victims of fixed incomes and inflation. Instead of writing to the destitute survivors, you should go back to those records that they used to keep in Vanderbilt Hall, signing the girls in and out. Then you should contact those ladies for help.

Vital statistics indicate that merely as a result of their femaleness, and they wouldn't have been in Vanderbilt Hall unless they were pretty female, those old girls of ours will be surviving us by a factor of two to one. Also, as a result of multiple marriages and alimonies and inheritances, those ladies will be three times as rich as we are. Why don't you contact them, not to plead with them for contributions but to bill them for lodging?

In the Depression Years, 1929 through 1933, a night's lodging cost ten dollars. I think it would be only fair to charge those girls for the nights that they spent

in Vanderbilt Hall, courtesy of Dean Edsall and the Harvard Medical School. At compound interest, 1930 through 1976, the ten dollars would have grown to twenty-five dollars, about the same as charged by a motel today. Figuring that in each of the four years of Medical School each member of a class of 120 normal men housed five women for one night each, we have five visits times four years time twenty-five dollars a visit, which is a total of $500 that each lady owes to the Harvard Medical School.

Let's assume that ten per cent of the ladies of Vanderbilt Hall have died of natural or unnatural causes, and that another ten per cent have been married faithfully and hence are not rich enough to pay their share. We still have an opportunity of collecting $500 apiece from the rest. With the help of the FBI and the CIA we'll track down every lady and give her the choices between contributing and public exposure of the record.

If my mathematics are correct, we can collect $500 × 2,000 traceable ladies — a tidy $1,000,000. This should be enough to "Rescue" Vanderbilt Hall and equip every room with a waterbed.

George Crile, Jr. '33

Unphysicianly judgments

Though I enjoyed Dr. Otto Aufranc's letter (*HMAB* Sept/Oct '76) on surgical cleanliness as a model for professional demeanor, I was quite disturbed by one portion of it, viz:

"We all know that these [venereal] diseases are transferred from one who has it to one who does not and it is a non-hygienic transfer of a culture of organisms from a basically filthy individual to one who may be clean. This is most often by sexual activity and it is very unlikely to be innocently acquired — although it does happen."

Someone of Dr. Aufranc's eminence deserves every benefit of a doubt; perhaps the infelicitous choice of such words as "basically filthy" or "unlikely to be innocently acquired" reflect merely the somewhat old-fashioned language of the letter — old-fashioned in its best sense, of values tested by time. But the issue, I feel, lies outside questions of generation gaps and the sexual revolution.

My concern is that these terms may connote the regrettable intrusion of unphysicianly judgmental attitudes into a medical relationship. Morality is not identical with moralizing. After all, the "non-hygienic transfer of a culture of organisms" is sometimes called "making love" — the "innocence" of which is, at least, a highly individual and subjective matter.

The headlines suggest that there is a statistical possibility that my children, or Dr. Aufranc's, may contract a venereal disease at some time. I don't like the idea, though I accept its potential reality. Should this occur, I would earnestly hope that the physician they seek help from would not view them, even in his private thoughts, as "basically filthy."

Thomas G. Gutheil '67

No follow-up

I have sent the following letter to the medical directors of the major Harvard teaching hospitals. I would like this published in the *Alumni Bulletin,* so that I can enlist the support of other alumni in my campaign to correct this problem. I think this matter is a real disgrace and I hope those alumni who have left the white towers and ivy covered walls can bring some influence to bear to correct this problem.

Since starting practice I have been very discouraged by my inability to get any follow-up on most patients I have referred to Harvard hospitals. I usually find out what's happening during the hospitalization only by calling the nurse on the floor, and I learn about the final outcome when the patient shows up in my office and tells me what transpired or when I read his obituary in the local paper. I think this reflects poor overall care and a missed opportunity for teaching.

It doesn't have to be this way. At the University of Colorado where I interned, the admitting office would not process a discharge unless the referring physician had been called and the discharge summary dictated. Similarly, Mary Hitchcock Hospital sends a written note on the day of discharge and the typed summary follows in a few days.

I would strongly urge you to implement a system of notifying referring physicians when their patients are discharged. This would markedly improve the quality of the patients' care and would be of enormous educational value to the referring physicians. I personally find I learn more from my involvement with one very complicated patient than from weeks of continuing education courses.

Karl L. Singer '67

A supine surgeon arises

I'm sorry that my cryptic note [" 'Retirement' Notes," July/August 1976 *HMAB*] indicating that I am "still the President of the Supine Surgical Society" led you to believe that I have retired from the practice of surgery in Seattle. Such is not the case. I am still doing my thing. My plan is to continue as long as I have something to offer and can do so without danger to the customers or myself.

When we get those little cards asking for bits of news for the *Bulletin* it is not always easy to come up with something of interest. So many of our group seem to be leading such glamorous lives — producing large numbers of brilliant descendants, making pilgrimages of sociomedical significance to all corners of the world, receiving great honors for outstanding accomplishment. I guess I just got carried away. The temptation to say, "Hey! Look at me, too," was just too great. Besides, I wanted to see how selective you were in winnowing the editorial input.

Actually, not much has happened to me lately. It is true that I am president of the Supine Surgical Society which isn't surprising. I am the founder and there are no other members, to my knowledge. Hence the honor of being international president is apt to be permanent.

When I founded the organization fifteen or twenty years ago it appeared that

postgraduate surgical education was rapidly becoming just a branch of show biz. Programs were being staged at the more luxurious watering spots all over the world. The more articulate and humorous crowd pleasers were being brought in at great expense to put on a show. For a lot of bucks, some of which you hoped would be tax deductible, you and your spouse could hop a plane or board a ship, be transported in regal splendor, lap up a bit of local color, booze it up, overeat, get the tourista, take a lot of badly exposed pictures and return home exhausted, having spent a minimal amount of time in the pursuit of surgical enlightenment.

You had to conclude that the tax advantage was really quite minimal, that you really didn't learn all that much and that you can become pretty narrow-minded if you keep hanging around with other doctors all the time. Better you should pay the full price and take your vacation trips with a bunch of civilians.

To meet the need for a more basic educational format, therefore, the Supine Surgical Society was formed. The bylaws call for no dues, no group activities and no trips to anywhere. You stay home in bed and take part in a sort of surgical retreat during which you read, mark, learn and inwardly digest all the surgical literature you have been filing away over in the corner with the intent to read as soon as you can find the time.

When you first approach your wife with your plan she will think you have flipped. Wives don't like to have their husbands hanging around the house when they are not sick and should be working. But she will become more tolerant as the day goes on and she anticipates her reward for cooperating.

Here's how it goes. First, you get up and have breakfast. Then back to bed where you read and ponder. Then up for a light lunch followed by a brief nap. Then another period of meditation until the sun reaches the yardarm. After that you rise and shine. Bathe carefully, shave, use those *poudres et parfums* as indicated, put on your good suit and do your best to look presentable. You are taking the light of your life out on the town. Isn't this exciting? That's her reward for letting you stay home unmolested.

It is well to spare no expense at this point. Select her favorite restaurant, r serve the candle lit corner, confront h with a dazzling list of aperitifs, see th she gets the menu without the price li consult with the *sommelier* about the right wines at the proper temperature help her to choose the tenderest and most succulent tidbits to please her palate. You won't fool her at all. She w know exactly what you are up to but sh will love every minute of it.

As the evening ends in a rosy glow and the meeting is about to adjourn you re tire once more to the soft and downy this time without the surgical literatur No formal program is planned at this point. You and your spouse are on you own. This part of the agenda has nev been a problem. You always think of something. Somehow, it has become the most popular part of the program.

So now you know about the Supine Surgical, my kind of Surgical Society. am proud to be its leader. Who needs a trip to somewhere else? Home is where it's at.

Eric R. Sanderson '37

As the crow flies

Realizing full well that it is not possible for you to test all claims put forth in the advertisements you carry, I would like to correct at least one, and possibly provoke an answer from the advertiser.

In your recent *Bulletin*, (July/August), the Northland Investment Corporation advertised property on the Maine coast. Our family has property on the same island, and I have "commuted" weekends every summer since 1961. Prior to the reduction in the speed limit to 55 mph (88.5 Km/hr) from 70 mph (112.7) the best time I ever clocked from the island to Boston was two hours and thirty-five minutes. That was starting at 4:30 in the morning before traffic built up. It is therefore hard for me to believe the advertisement which states that the property on Indian Point is only two-and-a-half hours from Boston! Do these people know some route that has escaped me?

Walter J. Gamble, M.D.